

Age/Sex: 4Y 05M F Attending: Ivan, Sharon N.M.D.
 Unit #: K000629604 Account #: K32202006
 Admitted: 03/01/16 at 11:32 Location: SES
 Status: DCS IN Room/Bed: K.E5514-1

HENDERSON, [REDACTED] /AH 1

Willis-Knighton South Nursing **LIVE**
 PMS PRINT ALL NURSING INFORMATION

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Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Date	Time by Date	Recorded	Occurred	Time by Date	Documented	From
<p>Activity Date: 03/10/16 Time: 1338 (continued)</p> <p>100522 Pediatric Admit Assessment (continued): Are You In a Situation Which Causes You Fear, Pain or Injury: Emergency Contact: Name: Home Number: Other Number: PATIENT IS AN INFANT: N --- VITALS/ASSISTIVE DEVICES --- Contacts: Not Applicable Dentures: Not Applicable Cash: Not Applicable Wallet: Not Applicable Watch: Not Applicable Disposition: Not Applicable Disposition: Not Applicable Disposition: Not Applicable Advised To Keep Glasses, Contacts, Dentures, Etc in Drawer: Y Have You Signed An ORGAN DONATION CARD: N Recent History Of: Falls: N Bed Rails: Y *Family Or Sitter: Constantly *Restraint Type: Patient/Family Oriented To: Call Light: Y Bed Control: Y Telephone: Y Nursing Bedside Rounds: Y Emergency Light: Y Smoking Policy: Y TV: Y IV Pumps/Other Equip: Y Highchair: Y Crib: Y Rocker: Y Supplies: Y Pediatric Fall Risk Assessment: Age: 4 (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above Gender: 1 (2) Male (1) Female Diagnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation Respiratory Diagnosis: Dehydration, Anemia, Anorexia, Syncope, Dizziness, etc. (2) Psych/Behavioral Disorders (1) Other Diagnosis Cognitive Impairment: 3 (3) Not Aware of Limitations (2) Forget Limitations (1) Oriented to Own Ability Pediatric Fall Risk Assessment: Age: 4 (4) History of Fall or Infant-Toddler Placed in Bed (3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting (2) Patient Placed in Bed (1) Outpatient Area Response to Surgery/Sedation/Anesthesia: 0 (3) Within 24 hours (2) Within 48 hours (1) More than 48 hours Medication Usage: 0 (3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Anti- depressants, Laxatives/Diuretics, Narcotic (2) One of the meds listed above (1) Other Medications/None Fall Risk Total: 15 FALL PRECAUTIONS Fall Precaution #: 1</p>							

EXHIBIT

1-C

Page: 8 of 35

ANDERSON, L

Age/Sex: 4Y 04M F
Unit #: K0006296C4
Admitted: 03/10/16 at 1:32
Status: DIS IN
Attending: Tran., Sharon N M.D.
Account #: K32120286
Location: 5ES
Room/Bed: K.E5524-1

Problem/Goal/Intervention Description				S/s Directions				From																																																																								
Activity Type	Date	Time by Date	Recorded	Time by Date	Documented	Units	Charge																																																																									
Activity Date: 03/10/16 Time: 1338 (continued)																																																																																
00522 Pediatric Admit Assessment (continued)																																																																																
Fall Precaution #2:																																																																																
Fall Precaution #3:																																																																																
Other Precautions: OAL BELL, BED RAILS																																																																																
-----BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD)-----																																																																																
<table><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>Completely Limited</td><td>Very Limited</td><td>Slightly Limited</td><td>No Impairment</td></tr><tr><td>Constantly Moist</td><td>Very Moist</td><td>Occasionally Moist</td><td>Rarely Moist</td></tr><tr><td>Incontinent</td><td>Incontinent</td><td>Incontinent</td><td>Routinely</td></tr><tr><td>Bedfast</td><td>Chairfast</td><td>Walks Occasionally</td><td>Age Appropriate</td></tr><tr><td>Completely Immobile</td><td>Very Limited</td><td>Slightly Limited</td><td>No Limitation</td></tr><tr><td>Very Poor</td><td>Inadequate</td><td>Adequate</td><td>Excellent</td></tr><tr><td>Significant Problem</td><td>Problem</td><td>Potential Problem</td><td>No Apparent Problem</td></tr><tr><td>Extremely Compromised</td><td>Compromised</td><td>Adequate</td><td>Excellent</td></tr><tr><td>02<95% cap>2sec</td><td>02<95% cap>2sec</td><td>cap=2sec</td><td>02>95% cap<2sec</td></tr><tr><td>Sensory Perception: 4</td><td>- No Impairment</td><td></td><td></td></tr><tr><td>Moisture: 4</td><td>- Rarely Moist</td><td></td><td></td></tr><tr><td>Activity: 4</td><td>- Age Appropriate</td><td></td><td></td></tr><tr><td>Mobility: 4</td><td>- No Limitation</td><td></td><td></td></tr><tr><td>Nutrition: 4</td><td>- Excellent</td><td></td><td></td></tr><tr><td>Friction/Shear: 3</td><td>- Potential Problem</td><td></td><td></td></tr><tr><td>Circulation/Oxygenation: 3</td><td>- Adequate</td><td></td><td></td></tr><tr><td colspan="4">Total Braden Scale Score: 26</td></tr></table>									1	2	3	4	Completely Limited	Very Limited	Slightly Limited	No Impairment	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist	Incontinent	Incontinent	Incontinent	Routinely	Bedfast	Chairfast	Walks Occasionally	Age Appropriate	Completely Immobile	Very Limited	Slightly Limited	No Limitation	Very Poor	Inadequate	Adequate	Excellent	Significant Problem	Problem	Potential Problem	No Apparent Problem	Extremely Compromised	Compromised	Adequate	Excellent	02<95% cap>2sec	02<95% cap>2sec	cap=2sec	02>95% cap<2sec	Sensory Perception: 4	- No Impairment			Moisture: 4	- Rarely Moist			Activity: 4	- Age Appropriate			Mobility: 4	- No Limitation			Nutrition: 4	- Excellent			Friction/Shear: 3	- Potential Problem			Circulation/Oxygenation: 3	- Adequate			Total Braden Scale Score: 26			
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Total Braden Scale Score: 26																																																																																
PP. Safety Information Booklet given to p/family: Y																																																																																
NPN Who Assisted In Data Collection:																																																																																
NPN Signature: VALARIE VAWY RN																																																																																
Activity Date: 03/10/16 Time: 1345																																																																																
990004-B	RT - Oxygen Therapy			A DAILY			CP																																																																									
- Document 03/10/16 1345 PAD 03/10/16 1601 PAD																																																																																
Is This a New Start: N Protocol: N																																																																																
Oxygen Device NC	FIO2	LPM 1.00	SaO2: 95																																																																													
Alert Value: No	Time Reported:																																																																															
Has Potential For Hypoxemia Due To:																																																																																
Is Patient Progressing Toward Goal: No																																																																																
Hours Used	Transfer/Discharged/D/scontinued																																																																															
Comments: INCREASED O2 TO 2LPM, PT IN ALOT OF DISTRESS DR. NOTIFIED.																																																																																
Activity Date: 03/10/16 Time: 1345																																																																																
990008-A	RT - Aerosol Therapy			A Q2H			CP																																																																									
- Document 03/10/16 1345 PAD 03/10/16 1609 PAD																																																																																
Is This a New Start: N Protocol: N Therapy Given: Y If so, why:																																																																																
Therapy Frequency 06																																																																																
Meds/Dosage: UD ATROVENT																																																																																
Vitals:																																																																																
RR 172	PRE	HR 173	POST																																																																													
RR 40		HR 44																																																																														
BSS TIGHT EXPIRATORY WHEEZES WITH		BSS SAVE																																																																														
: DECREASED AIR ENTRY		:																																																																														
PF		PF																																																																														
Effective cough: Y	Sputum Amount: None			Goal Note: N																																																																												
Increase Secretions	Sputum Color:																																																																															
	Sputum Consistency:																																																																															
Is Patient Progressing Toward Goal: No																																																																																
Comments/P-Plan: TOL TX OK WITH MASK WITH NO ADVERSE REACTIONS NOTED. SHE IS VERY IRRITABLE : WITH RETRACTIONS AND ACCESSORY MUSCLE USAGE NOTED. SaO2 99% ON 2LPM.																																																																																
Activity Date: 03/10/16 Time: 1420																																																																																
990023-A	RT - Aerosol Therapy - Continuous			A QD			CP																																																																									
- Document 03/10/16 1420 PAD 03/10/16 1611 PAD																																																																																
Is This a New Start: Y																																																																																
Therapy Given: Y If no, why:																																																																																
Meds/Dosage: 5mg PROVENTIL AND 25 ml OF NORMAL SALINE X 1 HOUR																																																																																
Vitals:																																																																																
HR 194	RR 34	BSS TIGHT EXPIRATORY WHEEZES																																																																														
Length of Treatment 1 HOUR																																																																																
Effective cough: Y Increase Secretions																																																																																
Sputum Amount: None																																																																																
Sputum Consistency:																																																																																
Sputum Color:																																																																																
Is Patient Progressing Toward Goal:																																																																																
Goal Note:																																																																																
Comments/Plan: PT STILL RETRACTING WITH ACCESSORY MUSCLE USAGE IN NECK. SLEEPING																																																																																
THERAPY																																																																																
1)	2)	3)	4)	5)	6)																																																																											
Activity Date: 03/10/16 Time: 1533																																																																																
200008	IV Site #1 Crack/Care			A Q2H			CP																																																																									
- Document 03/10/16 1533 VV 03/10/16 1533 VV																																																																																
8.0																																																																																

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HENDERSON
Willis-Knighton South Nursing **LIVE**
RHS PRNT ALL NURSING INFORMATION

Age/Sex: 4Y 04Y F
Unit #: K000629604
Admitted: 03/10/16 at 1332
Status: DTS IN
Attending: Tran, Sharon N M.D.
Account #: K32-20206
Location: SES
Room/Bed: K.E5514-1

Problem/Goal/Intervention Description				Sts Directions		From	
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Documented	Charge	From
Activity Date: 03/10/16 Time: 1548 (continued)							
990023-A	RT - Aerosol Therapy	Continuous (continued)					
2)	2)	3)	4)	5)	6)		
Activity Date: 03/10/16 Time: 1551							
990001-B	RT - Initial Assessment	A					PS
- Create	03/10/16 1551 PAD	03/10/16 1551 PAD					
Activity Date: 03/10/16 Time: 1558							
Problem: RT - HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR POTENTIAL TO DEVELOP							
- Create	03/10/16 1558 PAD	03/10/16 1558 PAD					
Goal: RT: Improve oxygenation, correct hypoxemia, prevent hypoxia.							
- Create	03/10/16 1558 PAD	03/10/16 1558 PAD					
- Ed Target	03/10/16 1558 PAD	03/10/16 1558 PAD					
Problem: RT - WHEEZING AND/OR ALTERED RESPIRATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP							
- Create	03/10/16 1558 PAD	03/10/16 1558 PAD					
- Ed Status	03/10/16 1558 PAD	03/10/16 1558 PAD					
Goal: RT: Correct or prevent bronchospasm, improve breath sounds.							
- Create	03/10/16 1558 PAD	03/10/16 1558 PAD					
- Ed Status	03/10/16 1558 PAD	03/10/16 1558 PAD					
- Ed Target	03/10/16 1558 PAD	03/10/16 1558 PAD					
990023-A RT - Aerosol Therapy - Continuous							
- Create	03/10/16 1558 PAD	03/10/16 1558 PAD					
- Ed Directs	03/10/16 1558 PAD	03/10/16 1558 PAD					
Activity Date: 03/10/16 Time: 1710							
400010	Vital Signs	A					CP
Vital Signs taken by a NAC are reviewed by an RN.							
- Document	03/10/16 1710	03/10/16 1710	VV			21.4	
Blood Pressure: BP Type: Temp: 99 Type Of Temperature: Axillary Heart Rate: 189 Heart Rate Source: Machine Resp. Rate: 42 SMO2: 100 O2 Delivery: VAPOTHERM Intake 06.18							
- Document	03/10/16 1710	03/10/16 1710	VV			10.7	
ORAL - just H2O (ml): ORAL (not water) ml: Tube Feed (ml):							

Activity Date: 03/10/16 Time: 1533 (continued)

200008 IV Site #1 Check/Date (continued)

Peripherally Inserted Central Catheter (V/N):

Site Description #1:

Rate (cc/hr) #1: 45

Type Of IV Solution #1 (free text): D5 1/2 WITH 20 KCL

Site Changed #1:

IV Tubing Changed #1:

IVPB Tubing Changed #1:

PSI Limit Settings #1:

PSI Actual Reading #1:

IV Dressing Changed Site #1:

IV Dressing Changed Time #1:

Date IV (#1) started: 03/10/16 Time IV (#1) started:

402170 O2 Delivery 03/10/16 1533 VV 03/10/16 1533 VV A Q2H

- Document O2 Delivery: 1 LPM/NC

Oxygen Delivery Frequency: continuous

200021 Safety Checks

- Document 03/10/16 1533 VV 03/10/16 1533 VV A Q2H

Family Member At Bedside: Y Respiration Observed: Y

Call Light/Telephone in Reach: Y Fall Precautions: Y

Crib Rails (Up / Down): Down

Number Of Bed Rails Up: 2

Are bedrails up because of meds given: N

Bed Brakes Locked: Y

Bed High OR Low Position: LOW

All Alarms On and Audible: Y

CPW in use: N

Pt. Off Unit: N

Activity Date: 03/10/16 Time: 1548

990023-A RT - Aerosol Therapy - Continuous

- Document 03/10/16 1548 SC 03/10/16 1539 SC

Is This a New Start: N

Therapy Given: Y If no, why:

Medis/Dosage: 1.25mg XOPENEX

Vitals: RR 186 RR 42 RES COARSE EXPIRATORY WHEEZES

Length of Treatment: 1 HR

Effective cough: Y Increase Secretions

Sputum Amount: None

Sputum Consistency:

Is Patient Progressing Toward Goal: Unchanged

Comments/Plan: TOOK PT OFF 1 HR LONG.....VITALS POST TREATMENT

Goal Note:

HENDERSON, J

Age/Sex: 4Y 04V F
Unit #: K0006296C
Admitted: 03/10/16
Status: DIS IN

Problem/Goal/Intervention Description						Sts Directions			From
Activity Type	Date	Time	By	Recorded Time	Comment	Units			Charge
Activity Date: 03/10/16 Time: 1710 (continued)									
<p>450C10 Intake (continued) NGT Tube Flushes (ml): PEG Tube Flushes (ml): IV (ml): 90 TPN (ml): 75 Lipid (ml): Blood (ml):</p> <p>Output 03/10/16 1710 W 03/10/16 1711 W A 06.18 10.7 CP</p> <p>Urine voided (ml): Urine cath. (ml): Color Of Urine: Character Of Urine: Urine Inct Est (ml):</p> <p>If No Output, 28 Pts On Dialysis: Void X NY: 1 Last Void Date: 03/10/16 Last Void Time: Void X NY: 1 Last Void Date: 03/10/16 Last Void Time:</p> <p>Stool X: 1 Stool Weight cc's Date Of Last BM: 03/10/16</p> <p>Stool Consistency: Color Of Stool: Amount Of Stool: Ileostomy (ml): New Colostomy Output: Old Colostomy Output (Nrm. of stools): NG (ml): Emesis (ml): Rectal Tube (ml): Est. Bid Loss (ml): Vasal Bid Loss (ml):</p> <p>Chest Tube #1 (ml): Chest Tube #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Urostomy (ml): Nephrostomy (ml): WOUND EVAC. #1 (ml): Antl. Of Or Asp. Of Visc. Body Fluid (ml): Source Of Output Or Asp. Of - Visc. Body Fluid:</p>									
Activity Date: 03/10/16 Time: 1719									
<p>990077 RT - Asthma Severity A PRN CP - Create 03/10/16 1719 PAD 03/10/16 1719 PAD - Ed Directs 03/10/16 1719 PAD 03/10/16 1719 PAD => 03/10/16 1719 Q2H</p>									

Age/Sex: 4Y 04Y F Attending: Trar, Sharon N M.D. Unit #: K000629604 Account #: K32120206 Admitted: 03/10/16 at 1132 Location: SES Room/Bed: K.E5514-1 Status: DIS IN

Printed 10/01/19 at 1352

WILLIS-KNIGHTON South Nursing **LIVE** HENS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions				SUS Directions			
Activity Type	Occurred Date	Recorded Date	Time by Date	Documented Units	From Charge	Activity Type	Occurred Date	Recorded Date	Time by Date	Documented Units	From Charge
Activity Date: 03/10/16 Time: 1815											
100542 - Document	Fall Risk - Pediatric	03/10/16 1815 SLF	03/10/16 1858 SLF	A NCM--	PS	990560 - Document	Braden Pediatric Risk Assessment	03/10/16 1815 SLF	03/10/16 1858 SLF	A QSHIP	PS
Pediatric Fall Risk Assessment						----- BRADEN SCALE FOR PEDS (LESS THAN 16 YEARS OLD) -----					
Age: 4						SENS PERCEP					
(4) Less than 3 years old						MOISTURE					
(3) 3 to less than 7 years old						ACTIVITY					
(2) 7 to less than 13 year old						MOBILITY					
(1) 13 years and above						FRICITION/SHEAR					
Gender: 1						PERF/OXYGEN					
(2) Male						Sensory Perception: 4					
Diagnosis: 3						Moisture: 3					
(4) Neurological Diagnosis						Activity: 4					
(3) Alteration in Oxygenation						Mobility: 3					
Respiratory Diagnosis, Dehydration,						Nutrition: 3					
Anemia, Anorexia, Syclope,						Fricition/Shear: 3					
Dizziness, etc.						Tissue Perfusion/Oxygenation: 3					
(2) Psych/Behavioral Disorders						Total Braden Scale Score: 23					
(1) Other Diagnosis						1-0 Patient Education					
(3) Not Aware of Limitations						- Document					
(2) Forget Limitations						03/10/16 1815 SLF					
(1) Oriented to Own Ability						Learner: Family					
PAIN Assessment / Management - PED						Learner's Preferred Method: One-on-One Teaching					
PAIN Risk Total: 15						Language Spoken (CC2): English					
PAIN Assessment / Management - PED						If Other, Describe:					
Use to document the effectiveness						*Religious or Cultural practices that may affect learning: N					
of medications given specifically						If YES, describe:					
for the control of pain.						*Physical limitations that may affect learning (Y/N): N					
Ask patient to be specific						If YES, describe:					
regarding location, severity, and						*Cognitive limitations that may affect learning (Y/N): N					
type of pain.						If YES, describe:					
03/10/16 1815 SLF						*Emotional limitations that may affect learning (Y/N): N					
Are You Having PAIN / DISCOMFORT Now: N						If YES, describe:					
Is this a new episode of pain:						If patient has pain, what issues have been discussed with patient regarding this:					
Location Of Pain:						:WILL MONITOR FOR PAIN USING FLACC SCALE AND TREAT ACCORDINGLY					
Duration Of Pain:						:COMFORT MEASURES					
Pain Frequency:						PT/family encouraged to report concerns about PT. safety issues: Y					
Character Of Pain:						What safety issues have been addressed with the patient: SIDERALIS, CR/POX MONITOR ALARMS					
Onset Of Pain:						:2PT ID, CAMERA MONITORING, NOTIFY NURSE UPON LEAVING UNIT					
Pain Relieved By:						*Is patient/family motivated to learn (Y/N): Y					
Pain Worsened By:						If NO, explain:					
Cause of pain:						LEARNING NEEDS					
Pain scale used to assess pain: FLACC						TEACHING SUMMARY					
Pain score: 0						*Disease (Y/N): Y :RESP DISTRESS, +MYOPLASMA					
-----Pain Interventions-----											
Pharmacologic (see VAR): N											
Non-Pharmacologic:											
Emotional Support:											
Comfort measures:											
Cognitive techniques:											

Age/Sex: 4Y 04M F
Unit #: K090629604
Admitted: 03/10/16 at 1132
Status: D/S IN

Attending: TRAN, SCATOR N M.D.
Account #: K32120206
Location: 525
Room/Bed: K.ES514-1

WELLS-Knighton South Nursing *WELVE**
PENS POINT ALL NURSING INFORMATION

HENDERSON, [REDACTED]

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Age/Sex: 4Y 04M F
Unit #: K090629604
Admitted: 03/10/16 at 1132
Status: D/S IN

Attending: TRAN, SCATOR N M.D.
Account #: K32120206
Location: 525
Room/Bed: K.ES514-1

HENDERSON, [REDACTED]

Wills-Knighton South Nursing *LIVE**
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Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Time by Date	Comment Units	Activity Type	Occurred Date	Recorded Time by Date	Comment Units	From
Activity Date: 03/10/16 Time: 1920 (continued)								
1-D	Patient Education (continued)			1-D	Patient Education (continued)			
If applicable, pt has demonstrated competence to self administer medications: N				If applicable, pt has demonstrated competence to self administer medications: N				
Medi: NA Med2: NA Med3: NA				Medi: NA Med2: NA Med3: NA				
Evidence Of Instruction: Explain				Evidence Of Instruction: Explain				
Evidence Of Learning Demonstrated By: Expresses Understanding				Evidence Of Learning Demonstrated By: Expresses Understanding				
Activity Date: 03/10/16 Time: 2010								
990008-A	RT - Aerosol Therapy			990008-A	RT - Aerosol Therapy			CP
- Document 03/10/16 2010 SDT 03/10/16 2112 SDT				- Document 03/10/16 2010 SDT 03/10/16 2112 SDT				2.5
Is This a New Start: N Protocol N Therapy Given: Y If no, why:				Is This a New Start: N Protocol N Therapy Given: Y If no, why:				
Therapy Frequency Q2H				Therapy Frequency Q2H				
Yeds/Dosage: 1.25mg XOPENEX				Yeds/Dosage: 1.25mg XOPENEX				
Vitals: PRE				Vitals: PRE				
HR 160				HR 160				
RR 47				RR 48				
SBS PAINT WHEEZES/COARSE CRACKLES				SBS PAINT WHEEZES/COARSE CRACKLES				
PF				PF				
Effective cough Y				Sputum Amount: None				
Increase Secretions N				Sputum Color:				
				Sputum Consistency:				
Is Patient Progressing Toward Goal: Unchanged				Is Patient Progressing Toward Goal: Unchanged				Goal Note: Y
Comments/Plan: Pt Tol Tx Well				Comments/Plan: Pt Tol Tx Well				
Activity Date: 03/10/16 Time: 2155								
990008-A	RT - Aerosol Therapy			990008-A	RT - Aerosol Therapy			CP
- Document 03/10/16 2155 SDT 03/10/16 2303 SDT				- Document 03/10/16 2155 SDT 03/10/16 2303 SDT				2.5
Is This a New Start: N Protocol N Therapy Given: Y If no, why:				Is This a New Start: N Protocol N Therapy Given: Y If no, why:				
Therapy Frequency Q2H				Therapy Frequency Q2H				
Yeds/Dosage: 1.25mg XOPENEX				Yeds/Dosage: 1.25mg XOPENEX				
Vitals: PRE				Vitals: PRE				
HR 166				HR 172				
RR 28				RR 30				
SBS PAINT WHEEZES/COARSE CRACKLES				SBS PAINT WHEEZES/COARSE CRACKLES				
PF				PF				
Effective cough Y				Sputum Amount:				
Increase Secretions N				Sputum Color:				
				Sputum Consistency:				

Age/Sex: 4V 64X F Attending: Tran, Sharon N M.D. Unit #: K00629604 Account #: K32120206 Admitted: 03/09/16 at 1132 Location: SES Status: D-S IN Room/Bed: K.E5514-1

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Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description					Sts Directions					From	
Activity Type	Occurred Date	Recorded Time by	Comment	Units	Documented	Time by	Comment	Units	Charge		
Activity Date: 03/11/16 Time: 0158 (continued)											
990008-A	RT - Aerosol Therapy (continued)										
Is Patient Progressing Toward Goal: Yes											Goal Note: Y
Comments/Plan: TOLERATED TREATMENT WELL											
- Edit Results 03/11/16 0158 KM 03/11/16 0648 KM											
Comments/Plan: TOLERATED TREATMENT WELL; VAPOTHERM FIO2 WEANED FROM 40% TO 35%.											
TOLERATED TREATMENT WELL											
Activity Date: 03/11/16 Time: 0359											
990008-A	RT - Aerosol Therapy										
- Document 03/11/16 0359 KM 03/11/16 0642 KM											2.5
Is This a New Start: N Protocol N Therapy Given: Y if no, why:											
Therapy Frequency Q2H											
Meds/Dosage: 1.25mg XOPENEX											
Vitals: PRE											POST
HR 136											HR 138
RR 42											RR 45
BBS COARSE CRACKLES											BBS COARSE CRACKLES
: PF											: PF
Effective cough N											Sputum Amount: None
Increase Secretions N											Sputum Color:
											Sputum Consistency:
Is Patient Progressing Toward Goal: Yes											Goal Note: Y
Comments/Plan: TOLERATED TREATMENT WELL											
- Edit Results 03/11/16 0359 KM 03/11/16 0647 KM											
Comments/Plan: TOLERATED TREATMENT WELL; VAPOTHERM FIO2 WEANED FROM 35-30%.											
TOLERATED TREATMENT WELL											
Activity Date: 03/11/16 Time: 0553											
990008-A	RT - Aerosol Therapy										
- Document 03/11/16 0553 KM 03/11/16 0642 KM											2.5
Is This a New Start: N Protocol Y Therapy Given: Y if no, why:											
Therapy Frequency Q2H											
Meds/Dosage: 1.25mg XOPENEX											
Vitals: PRE											POST
HR 139											HR 141
RR 32											RR 30
BBS COARSE CRACKLES											BBS COARSE CRACKLES
: PF											: PF
Effective cough N											Sputum Amount: None
Increase Secretions N											Sputum Color:
											Sputum Consistency:

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Date	Time By	Units	Comment	Time	Charge	
Activity Date: 03/11/16 Time: 0600								
990008-A	RT - Aerosol Therapy	Document	03/11/16 0800 KER	03/11/16 0958 KER	A Q2H	2.5		CP
Is This a New Start: N Protocol: Y Therapy Given: Y If no, why: Therapy Frequency Q2H/Q6H Yeds/Dosage: 1.25mg XOPENEX/ UD APROVENT								
Vitals:	PRE				POST			
HR 131	HR 139				RR 30			
RR 30	RR 30				SBS SAVE			
SBS CRACKLES								
PF	PF							
Effective cough: Y Sputum Amount: Increase Secretions N Sputum Color: Sputum Consistency:								
Is Patient Progressing Toward Goal: Unchanged Goal Note: Y Comments/Plan: TOLERATED TREATMENT WELL.								
Activity Date: 03/11/16 Time: 0937								
100542	Fall Risk - Pediatric	Document	03/11/16 0937 CNE	03/11/16 0940 CNE	A ALVIT			PS
Pediatric Fall Risk Assessment Environmental Factors: 3 Age: 4 (4) History of Fall or Infant-Toddler (4) Less than 3 years old Placed in Bed (3) 3 to less than 7 years old Infant-toddler in Crib or (2) 7 to less than 13 year old Furniture/Lighting (3) 13 years and above (2) Patient placed in Bed Gender: 1 (2) Male (1) Female (1) Outpatient Area Diagnosis: 3 Response to Surgery/Sedation/Anesthesia 1 (4) Neurological Diagnosis (3) Within 24 hours (3) Alteration in Oxygenation (2) Within 48 hours Respiratory Diagnosis, Dehydration, Medication Usage: 1 Anemia, Anorexia, Syclope, (3) Multiple usage of: Sedatives, Hypnotics, Dizziness, etc. (2) Psych/Behavioral Disorders Barbiturates, Phenothiazines, Anti- (1) Other Diagnosis depressants, Laxatives/Diuretics, Cognitive Impairment: 3 Narcotic (3) Not Aware of Limitations (2) One of the meds listed above (2) Forgets Limitations (1) Other Medications/None (2) Oriented to Own Ability Fall Risk Total: 16 -02012 PAIN Assessment / Management - PED A PRN Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific								
Activity Date: 03/11/16 Time: 0553 (continued)								
990008-A	RT - Aerosol Therapy	Document	03/11/16 0553 KER	03/11/16 0646 KER	A DAILY			CP
Effective cough: N Sputum Amount: None Increase Secretions Sputum Color: Sputum Consistency:								
Is Patient Progressing Toward Goal: Yes Goal Note: Y Comments/Plan: TOLERATED TREATMENT WELL Edit Results 03/11/16 0553 KM 03/11/16 0646 KM Comments/Plan: TOLERATED TREATMENT WELL; VAPOTHERM ON STANDBY- ROOM AIR SPO2 98%. [TOLERATED TREATMENT WELL]								
Activity Date: 03/11/16 Time: 0558								
990004-B	RT - Oxygen Therapy	Document	03/11/16 0558 KM	03/11/16 0645 KM	A DAILY			CP
Is This a New Start: N Protocol Oxygen Device F102 LPM SaO2: 98 Alert Value: No Time Reported:								
Has Potential For Hypoxemia Due To: Is Patient Progressing Toward Goal: Yes Goal Note: Y Hours Used Transfer/Discharged/Discontinued Reordered Comments: VAPOTHERM IS ON STBY- RN NOTIFIED ME THAT VAPOR WAS OFF B/C PATIENT HAD : PULLED NC OFF FACE AND DOING WELL, SO WANTED TO TRY TO SEE HOW PT DID OFF.								
Activity Date: 03/11/16 Time: 0800								
990004-B	RT - Oxygen Therapy	Document	03/11/16 0800 KER	03/11/16 1000 KER	A DAILY			CP
Is This a New Start: N Protocol N Oxygen Device F102 LPM SaO2: 98 Alert Value: No Time Reported:								
Has Potential For Hypoxemia Due To: Is Patient Progressing Toward Goal: Unchanged Goal Note: Y Hours Used 17 Transfer/Discharged/Discontinued DC Reordered Comments: FOUND PATIENT OFF OF O2. O2 NOT INDICATED AT THIS TIME.								

Age/Sex: 4Y 04X F Attending: Tran, Sharon N.Y.D.
Unit #: KC00629604 Account #: K32-20206
Admitted: 03/03/16 at 1332 Location: SES
Status: D'S IN Room/Bed: K.E55-4-1

Willis Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				From			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Directions Documented Units	Sts	Directions Documented Units	From Charge
102012 PAIN Assessment / Management - PEDI (continued)							
regarding location, severity, and type of pain.							
- Document	03/11/16 0937 CAE	03/11/16 0941 CAE		0.0			
Are You Having PAIN / DISCOMFORT Now: N							
Is this a new episode of pain:							
Location Of Pain:							
Duration Of Pain:							
Pain Frequency:							
Character Of Pain:							
Onset Of Pain:							
Pain Relieved By:							
Pain Made Worse By:							
Cause Of Pain:							
Pain scale used to assess pain: FLACC							
Pain score: 0							
-----Pain Interventions-----							
Pharmacologic (see VAR): N							
Non-Pharmacologic:							
Emotional support: Y							
Comfort measures: Y							
Cognitive techniques: N							
99C360	Brazen Pediatric Risk Assessment			A QSHIF	PS		
- Document	03/11/16 0937 CAE	03/11/16 0941 CAE					
---- BRAZEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) ----							
SENS PERCEP							
MOISTURE							
ACTIVITY							
MOBILITY							
NUTRITION							
PRCT/SHEAR							
PERF/OXYGEN							
Sensory Perception: 4							
Moisture: 3							
Activity: 4							
Mobility: 3							
Nutrition: 3							
Friction/Shear: 3							
Tissue Perfusion/Oxygenation: 4							
Total Braden Scale Score: 24							
1-D Patient Education							
- Document	03/11/16 0937 CAE	03/11/16 0940 CAE		A AS NEEDED	C.0		CP
Learner's Preferred Method: One-on-One Teaching							
Language Spoken (002): English							
If Other, Describe:							
*Religious or Cultural practices that may affect learning: N							
If YES, describe:							

Problem/Goal/Intervention Description

Activity Type Occurred Date Recorded Date Time by Comment

Sts Directions Documented Units

From Charge

Activity Date: 03/11/16 Time: 0937 (continued)

1-D Patient Education (continued)

*Physical limitations that may affect learning (Y/N): N

-- YES, describe:

*Cognitive limitations that may affect learning (Y/N): N

-- YES, describe:

*Emotional limitations that may affect learning (Y/N): N

-- YES, describe:

If patient has pain, what issues have been discussed with patient regarding this:

: WILL MONITOR FOR PAIN USING FLACC SCALE AND TREAT ACCORDINGLY. NO PAIN

: NOTED AT THIS TIME. COMFORT MEASURES

P-Family encouraged to report concerns about Pt. safety issues: Y

What safety issues have been addressed with the patient: STERILITY, CR/POX MONITOR ALARMS

: 2PT ID, CAMERA IN USE, NOTIFY NURSE UPON LEAVING UNIT, CALL BELL FOR FAMILY

*Is patient/family motivated to learn (Y/N): Y

If NO, explain:

LEARNING NEEDS

TEACHING SUMMARY

*Disease (Y/N): Y RESP D-STRESS, -MYOCLASMA

-solation (Y/N): Y :CROPLET

*Equipment (Y/N): Y CR/POX MONITOR, CALL BELL, CRIB CONTROLS

*Procedure (Y/N): Y ASSESSMENT, IV START ATTEMPTED X 2

*Medication (Y/N): Y EXPLAIN AS GIVEN

*New Medication (Y/N): Y :ORAPRED

Education

: USE, DOSAGES, FREQUENCY

: :

*Follow-up care (Y/N): Y PER DR ORDERS UPON DISCHARGE

Rehab/Resources (Y/N): N :

*Nutrition (Y/N): Y :REGULAR DIET AS TOL

Other Teaching: PLAN OF CARE, SAFETY/COMFORT; CHANNEL 95; FALL PRECAUTIONS; NOTIFY STAFF OF NEEDS, CONCERNS, WHEN LEAVING PT UNATTENDED.

If applicable, pt has demonstrated competence to self administer medications: N

Med1: NA

Med2: NA

Med3: NA

Method Of Instruction: Explain

Evidence Of Learning Demonstrated By: Expresses Understanding

Activity Date: 03/11/16 Time: 1000

Problem: RT- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR

POTENTIAL TO DEVELOP

- Ed Status 03/11/16 1000 KER 03/11/16 1000 KER C

Goal: RT: Improve oxygenation, correct

hypoxemia, prevent hypoxia.

- Ed Status 03/11/16 1000 KER 03/11/16 1000 KER A => C

- Ed Status 03/11/16 1000 KER 03/11/16 1000 KER A => C

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Age/Sex: 4Y 04M F
Unit #: K000629604
Admitted: 03/10/16 at
Status: DIS IN

Problem/Goal/Intervention Description				Sus Directions				From
Activity Type	Occurred Date	Recorded Time by Date	Units	Activity Type	Occurred Date	Recorded Time by Date	Units	From
<p>Activity Date: 03/11/16 Time: 1000</p> <p>990004-B RT - Oxygen Therapy C Daily CP - EG Status 03/11/16 1000 KER 03/11/16 1000 KER A => C 990023-A RT - Aerosol Therapy - Continuous C Q2H CP - EG Status 03/11/16 1000 KER 03/11/16 1000 KER A => C</p> <p>Activity Date: 03/11/16 Time: 1055</p> <p>990008-A RT - Aerosol Therapy A Q2H CP - Document 03/11/16 1055 KER 03/11/16 1426 KER 2.5 Is this a New Start: N Protocol: N Therapy Given: Y If so, why: Therapy Frequency Q3H Yeds/Dosage: 1.25mg XOPENEX</p> <p>Vitals: PRE POST HR 128 RR 32 BBS CLEAR BBS CLEAR : : PF PF</p> <p>Affective cough: Y Sputum Amount: Increase Secretions N Sputum Color: Sputum Consistency:</p> <p>Is Patient Progressing Toward Goal: Unchanged Goal Note: N Comments/Plan: TOLERATED TREATMENT WELL.</p>								
<p>Activity Date: 03/11/16 Time: 1415 (continued)</p> <p>990008-A RT - Aerosol Therapy (continued)</p> <p>Activity Date: 03/11/16 Time: 1435</p> <p>400010 Vital Signs A Q4H CP Vital Signs taken by a NAI are reviewed by an RN. - Document: 03/11/16 1435 CJP 03/11/16 1449 CJP 21.4 Blood Pressure: 112/64 BP Position: Lying BP Type: Temp: 98.8 Type Of Temperature: Axillary Heart Rate: 79 Heart Rate Source: Machine Resp. Rate: 30 SNA02: 98 O2 Delivery: ROOM AIR 200021 Safety Checks A Q2H CP - Document 03/11/16 1435 CJP 03/11/16 1457 CJP 5.3 Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone in Reach: Y Fall Precautions: Y</p> <p>Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N</p> <p>Activity Date: 03/11/16 Time: 1440</p> <p>100006 Discharge Assessment/Planning A AS NEEDED CP - Document 03/11/16 1440 CJP 03/11/16 1452 CJP Discharge Problems/Needs Identified: Y : RESPIRATIONS : ACTIVITY : NUTRITION : SAFETY : Arrangements Made to Meet Need(s): Y : ONGOING : :</p>								
<p>Activity Date: 03/11/16 Time: 1415</p> <p>990008-A RT - Aerosol Therapy A Q2H CP - Document 03/11/16 1415 KER 03/11/16 1427 KER 2.5 Is this a New Start: N Protocol: N Therapy Given: Y If so, why: Therapy Frequency Q3H/Q6H Yeds/Dosage: 1.25mg XOPENEX / UD ATROVENT</p> <p>Vitals: PRE POST HR 148 RR 30 RR 30 BBS CLEAR BBS CLEAR : : : PF PF</p> <p>Effective cough: Y Sputum Amount: Increase Secretions N Sputum Color: Sputum Consistency:</p> <p>Is Patient Progressing Toward Goal: Unchanged Goal Note: N Comments/Plan: TOLERATED TREATMENT WELL.</p>								

Age/Sex: 4Y 04M F
Unit #: KC00629604
Admitted: 03/10/06 at 1132
Status: DIS IN
Attending: Tran, Sharon N M.D.
Account #: K32129206
Location: 5F5
Room/Bed: K. E5514--

Problem/Goal/Intervention Description					Status Directions				
Activity Type	Date	Time	By	Comment	Recorded	Time	By	Comment	Units
Activity Date: 03/11/16 Time: 1440 (continued)									
100507	Reassessment/Evaluation - Pediatrics	A	CP						
Direction - 507.15 Document when done									
- Document	03/11/16 1440 CJP	03/11/16 1456 CJP		0.0					
Date: 03/11/16	Shift: 7A - 7P								
Focus / Plan For The Day: COMFORT, SAFETY, DHEI, MONITOR O2 SAT									
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 03/11/16									
Wound: N	Dressing: N	Drain: N	Pain At Present Time: N	Swallowing Difficulty: N					
Level Of Alertness: Responds to parent					Pupillary Reaction: Equal/Reactive				
*Emotion/Psych Asmt: Pediatric/quiets easily					Responds: Spontaneously				
Ventilator: N									
Respirations: Regular and Effortless					*Breath Sounds: Coarse				
Cough: Dry Cough					Amount Expectorated: Not Applicable				
Expectorant Color: Not Applicable					Consistency: Not Applicable				
O2:	O2 Delivery: ROOM AIR				* (when using blender)				
Pulse Quality:	Normal Pulsation								
Edema Of Extremity:	None	Hemur's Sign: Not Indicated							
Abdomen:	Soft/Active Bowel Sounds	Bowel Sounds: Present							
Bowel Movement This Shift: N					Date Of Last Bowel Movement:				
Are You Having PAIN / DISCOMFORT Now: N									
*Is this a new episode of pain: N									
Location Of Pain:									
Duration Of Pain:									
Character Of Pain:									
Onset Of Pain:									
Pain Relieved By:									
Pain Made Worse By:									
Pain scale used to assess pain: FLACC									
Pain score: 0									
-----Pain Interventions-----									
Pharmacologic (see MAR):									
Non-Pharmacologic:									
Emotional support:									
Comfort measures:									
Cognitive techniques:									
Voiding: Y Indwelling Urinary Catheter Y/N: N					Can this catheter be removed? (Y/N): N				
Color Of Urine: NOT OBSERVED									
Character Of Urine: Not Observed									
IV Pump: N	How Many IV Pumps: 0	Feeding Pump: N	Heating Pad: N						
SCDs in place at beginning of shift: N					TEDs in place at beginning of shift: N				
Maintain Central Line: PICC/PICC/SWAN/PORT/HD CATHETER/UAC/UVIC/BROVIAC? (Y/N): N									
Can this line be removed? (Y/N): N									

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Willis-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M F
Unit #: K00629604
Admitted: 03/03/16 at 1:32
Status: DIS IN

Problem/Goal/Intervention Description				Activity				Problem/Goal/Intervention Description				Activity			
Activity Type	Date	Time by Date	Units	Activity Type	Date	Time by Date	Units	Activity Type	Date	Time by Date	Units	Activity Type	Date	Time by Date	Units
<p>Activity Date: 03/11/16 Time: 1450</p> <p>990518-A Care Mgmt Pediatric Initial Reassessment A AS</p> <p>- Create 03/11/16 1450 FDM 03/11/16 1455 FDM</p> <p>- Document 03/11/16 1450 FDM 03/11/16 1455 FDM</p> <p>DISCHARGE PLANNING</p> <p>1) Prior Living Arrangements: Parents Name: JENNIFER ALEXANDER Phone #: 318 210-3823 Additional Phone #: 318 347-0227 GM</p> <p>2) Resources Presently Utilized: Home Health Agency: NONE Phone #: _____ Company's Name: _____</p> <p>W/C: Y AFO: Salary: Food Stamps: Y Retirement: _____ SSI: Y ODD: Shoppers: Early Steps: Unemployment: _____ Other: Y HA: HTHOME CONNECT</p> <p>3) Does the family have a problem with transportation: N</p> <p>4) Physical and Emotional History: 2 YEAR OLD FEMALE ADMITTED FOR ASTHMA EXACERBATION/URI</p> <p>5) Family problems/needs that affect the child's condition: NONE IDENTIFIED</p> <p>6) Does caregiver use tobacco: N Interested in quitting: Smoking cessation literature provided: Other: _____</p> <p>7) Church Affiliation: NON DENOMINATIONAL</p> <p>8) Spiritual Needs: _____</p> <p>9) School: N/A Teacher: _____ Grade: _____ Name: _____ Any educational needs: _____</p> <p>Notes/Interventions: THE PT. WILL RETURN HOME WITH MR. AT D/C. THE PTS. IS FOLLOWED AT UNIVERSITY HEALTH. THE PT. ALSO RECEIVED SPEECH THERAPY. SOCIAL SERVICE WILL FOLLOW.</p>															
<p>Activity Date: 03/11/16 Time: 1455 (continued)</p> <p>1-D Patient Education (continued)</p> <p>- If Other, Describe:</p> <p>*Religious or Cultural practices that may affect learning: N</p> <p>- If YES, describe:</p> <p>*Physical limitations that may affect learning (Y/N): N</p> <p>- If YES, describe:</p> <p>*Cognitive limitations that may affect learning (Y/N): N</p> <p>- If YES, describe:</p> <p>*Emotional limitations that may affect learning (Y/N): N</p> <p>- If YES, describe:</p> <p>If patient has pain, what issues have been discussed with patient regarding this:</p> <p>PT/Family encouraged to report concerns about pt. safety issues: Y</p> <p>What safety issues have been addressed with the patient:</p> <p>*Is patient/family motivated to learn: (Y/N): Y</p> <p>- If NO, explain:</p> <p>LEARNING NEEDS</p> <p>TEACHING SUPPORT</p> <p>*Disease (Y/N): N</p> <p>*Isolation (Y/N): N</p> <p>*Equipment (Y/N): N</p> <p>*Procedure (Y/N): N</p> <p>*Medication (Y/N): N</p> <p>*New Medication (Y/N): N</p> <p>Education:</p> <p>*Follow-up care (Y/N): N</p> <p>Rehab/Resumes (Y/N): N</p> <p>*Nutrition (Y/N): N</p> <p>Other Teaching: Y SOCIAL SERVICE TEACHING ROLE OF SOCIAL WORKER UPON ADMIT/DISCHARGE</p> <p>: AND HOW TO CONTACT THE SW</p> <p>If applicable, pt has demonstrated competence to self administer medications:</p> <p>Med1:</p> <p>Med2:</p> <p>Med3:</p> <p>Method Of Instruction: Explain</p> <p>Evidence Of Learning Demonstrated By: Expresses Understanding</p>															
<p>Activity Date: 03/11/16 Time: 1530</p> <p>800515 Physician Rounds A DAILY CP</p> <p>- Document 03/11/16 1530 CUP 03/11/16 1656 CUP 0.0</p> <p>Physician Visit To Patient By: TRANSEN Tran, Sharon N M.D.</p>															

Unit #: K000629604
Admitted: 03/10/16 at 1132
Status: DIS IN

Age/Sex: 4Y 04X F
Attending: Tran, Sharon N M.D.
Account #: K32120206
Location: SES
Room/Bed: K.E554-1

Whitish-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Time by	Comment	Documented Units	Sts	Directions	From	
Activity Date: 03/11/16 Time: 1600								
450100	Output (continued)							
Amount Of Stool:								
Ileostomy (ml):								
New Colostomy Output:								
Old Colostomy Output (Num. of stools):								
NG (ml):								
Enemas (ml):								
Rectal Tube (ml):								
Est. Bld Loss (ml):								
Vess Bld Loss (ml):								
Chest Tube #1 (ml):								
Chest Tube #2 (ml):								
Drain 1:								
Drain 2:								
Drain 3:								
Drain 4:								
Urostomy (ml):								
Nephrostomy (ml):								
WOUND EVAC. #1 (ml):								
WOUND EVAC. #2 (ml):								
Amt. Of Or Asp. Of Misc. Body Fluid (ml):								
Source Of Output Or Asp. Of - Misc. Body Fluid:								
200021 Safety Checks								
- Document 03/11/16 1800 CJP 03/11/16 1841 CJP								
Family Member At Bedside: Y								
Respiration Observed: Y								
Call Light/Telephone In Reach: Y								
Fall Precautions: Y								
Crib Rails (Up / Down): Down								
Number Of Bed Rails Up: 2								
Are bedrails up because of meds given: N								
Bed Brakes Locked: Y								
Bed High OR Low Position: LOW								
All Alarms On and Audible: Y								
CPM in use: N								
Pt. Off Unit: N								
Activity Date: 03/11/16 Time: 1600								
450010	Intake							
- Document 03/11/16 1800 CJP 03/11/16 1849 CJP								
ORAL - Just H2O (ml):								
ORAL (not water) ml: 476								
Tube Feed (ml):								
NG Tube Flushes (ml):								
PEG Tube Flushes (ml):								
IV (ml):								
IVPB (ml):								
TPN (ml):								
Lipid (ml):								
Blood (ml):								
Output								
03/11/16 1800 CJP 03/11/16 1849 CJP								
Urine voided (ml):								
Urine cath. (ml):								
Date Cath. Inserted:								
Color Of Urine:								
Character Of Urine:								
Urine Inct Est (ml):								
If No Output, Is Pt. On Dialysis:								
Void X Nm: 2 Last Void Date: 03/11/16 Last Void Time:								
Void X Nm: 2 Last Void Date: 03/11/16 Last Void Time:								
Stool X: 1 Stool Weight cc's Date Of Last Ev: 03/11/16								
Stool Consistency:								
Color Of Stool:								
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HENDERSON, [REDACTED]

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Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.
Unit #: K000629604 Account #: K32120206
Admitted: 03/10/06 at 1132 Location: SES
Status: DIS IN Room/Bed: K.35514-1

Problem/Goal/Intervention Description	Activity Type	Occurred Date	Recorded Time by Date	Sits Directions Documented Units	From Change
Activity Date: 03/11/16 Time: 1800 (continued)					
990008-A RT - Aerosol Therapy (continued) Is Patient Progressing Toward Goal: Uncharged Comments/Plan: TOLERATED TREATMENT WELL.					
Activity Date: 03/11/16 Time: 1822					
990008-A RT - Aerosol Therapy CP - Ed Directs 03/11/16 1822 KER 03/10 0000 Q2H => 03/10 0000 Q2H 03/11 1400 Q4H					
Activity Date: 03/11/16 Time: 2000					
100542 Fall Risk - Pediatric PS - Document 03/11/16 2000 JW 03/11/16 2150 JW A ADMIT Pediatric Fall Risk Assessment Environmental Factors: 3 Age: 4 (4) History of Fall or Infant-Toddler (4) less than 3 years old Placed in Bed (3) 3 to less than 7 years old (3) Patient uses assistive devices or (2) 7 to less than 13 year old Infant-Toddler in Crib or (1) 13 years and above Furniture/Lighting Gender: 1 (2) Patient placed in Bed (2) Male (1) Female (1) Outpatient Area Diagnosis: 3 Response to Surgery/Sedation/Anesthesia 1 (4) Neurological Diagnosis (3) Within 24 hours (3) Alteration in Oxygenation (2) Within 48 hours Respiratory Diagnostics, Dehydration, Medication Usage: 1 Anemia, Anorexia, Syncope, (3) Multiple usage of: Sedatives, Hypnotics, Dizziness, etc. Barbiturates, Phenothiazines, Anti-depressants, Laxatives/Diuretics, (2) Psych/Behavioral Disorders Narcotic (1) Other Diagnosis Cognitive Impairment: 3 (3) Not Aware of Limitations (2) One of the meds listed above (2) Forget's Limitations (1) Other Medications/None (1) Oriented to Own Ability Fail Risk Total: 16 102012 PAIN Assessment / Management - PEDI A PRN Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and type of pain. 03/11/16 2000 JW 03/11/16 2150 JW 0.0 Are You Having PAIN / DISCOMFORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character Of Pain:					
Activity Date: 03/11/16 Time: 2000 (continued)					
102012 PAIN Assessment / Management - PEDI (continued) Onset of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FLACC Pain score: 0 -----Pain Interventions----- Pharmacologic (see VAR): N Non-Pharmacologic: Emotional support: Y Comfort measures: Y Cognitive techniques: N 402170 O2 Delivery - Document 03/11/16 2000 JW 03/11/16 2150 JW A Q2H 0.0 Oxygen Delivery Frequency: 990360 Braden Pediatric Risk Assessment PS - Document 03/11/16 2000 JW 03/11/16 2150 JW A QSHIFT 50.0 ---- BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) ---- SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment MOIS/JWE Constantly Moist Very Moist Occasionally Moist Rarely Moist ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation NUTRITION Very Poor Inadequate Adequate Excellent FRIC/SHEAR Significant Problem Problem Potential Problem No Apparent Problem PERF/OXYGEN Extremely Compromised Compromised Adequate Excellent Sensory Perception: 4 - No Impairment Moisture: 3 - Occasionally Moist Activity: 4 - Age Appropriate Mobility: 4 - No Limitation Nutrition: 4 - Excellent Friction/Shear: 3 - Potential Problem Tissue Perfusion/Oxygenation: 4 - Excellent Total Braden Scale Score: 26 100006 Discharge Assessment/Planning A AS NEEDED CP - Document 03/11/16 2000 JW 03/11/16 2136 JW Discharge Problems/Needs Identified: Y : RESPIRATIONS : ACTIVITY : NUTRITION : SAFETY : MEDS					

Problem/Goal/Intervention Description				Sta Directions				From
Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented	From
Type	Date	Time by Date	Units	Type	Date	Time by Date	Units	Change
Activity Date: 03/11/16 Time: 2000 (continued)								
100507	Reassessment/Evaluation - Pediatrics (continued)			IV Pump: N	How Many IV Pumps: 0	Feeding Pump: N	Heating Pad: N	
SCDs in place at beginning of shift: N TENDS in place at beginning of shift: N								
Maintain Central Line: TLC/PICC/SWAN/FOR/ED CATHETER/CAC/DVC/BROW/AC? (Y/N): N								
Can this line be removed? (Y/N): N								
Maintain Peripheral IV or PRN Adapter Y/N: N								
*Restrains: N *Restraint Type:								
Has patient had an adverse drug reaction this shift: N								
If yes, name of Med:								
Type of Reaction:								
Does the Patient Have any Complaints Or Specific Needs: Y								
Specific Needs: MONITOR RESPIRATIONS								
Specific Needs: MONITOR O2 SAT								
Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y								
Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N								
*Is patient DO NOT RESUSCITATE: N								
Pediatric Fall Risk Assessment								
Age: 4								
(4) Less than 3 years old								
(3) 3 to less than 7 years old								
(2) 7 to less than 13 year old								
(1) 13 years and above								
Gender: 1								
(2) Male (1) Female								
Diagnosis: 3								
(4) Neurological Diagnosis								
(3) Alteration in Oxygenation								
Respiratory Diagnosis, Dehydration,								
Anemia, Anorexia, Syncope,								
Dizziness, etc.								
(2) Psych/Behavioral Disorders								
(1) Other Diagnosis								
Cognitive Impairment: 3								
(3) Not Aware of Limitations								
(2) Forgets Limitations								
(1) Oriented to Own Ability								
Fall Risk Total: 16								
----- BRADEN SCALE FOR PEDI (LESS THAN 18 YEARS OLD) -----								
SENS PERCEP 1 Completely Limited 2 Very Limited 3 Slightly Limited 4 No Impairment								
MOISTURE 1 Constantly Moist 2 Very Moist 3 Occasionally Moist 4 Rarely Moist								
ACTIVITY 1 Bedfast 2 Chairfast 3 Walks Occasionally 4 Age Appropriate								
MOBILITY 1 Completely Immobile 2 Very Limited 3 Slightly Limited 4 No Limitation								
NUTRITION 1 Very Poor 2 Inadequate 3 Adequate 4 Excellent								
Activity Date: 03/11/16 Time: 2000 (continued)								
100506	Discharge Assessment/Planning (continued)							
Arrangements Made to Meet Need(s): Y								
: ONGOING								
: CP								
100507	Reassessment/Evaluation - Pediatrics A							
Direction -> 07, 19 Document when done								
Date: 03/11/16 2000 JW 03/11/16 2150 JW 0.0								
Shift: 7P - 7A								
Focus / Plan For The Day: MONITOR OXYGENATION, RESP TXS, VITALS, SAFETY								
Plan of Care Discussed With Patient: Y Plan of Care updated: 03/11/16								
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N								
Level of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive								
*Shoelace/Psych Asmt: Pediatric/quiets easily Responds: Spontaneously								
Ventilator N								
Respirations: Regular and Effortless *Breath Sounds: Coarse								
Cough: Dry Cough Amount Expectorated: Not Applicable								
Expectorant Color: Not Applicable Consistency: Not Applicable								
O2: Y O2 Delivery: ROOM AIR @ % (when using Blender)								
Pulse Quality: Normal Pulsation								
Edema Of Extremity: None								
Admission: Soft/Active Bowel Sounds								
Bowel Movement This Shift: N Date Of Last Bowel Movement:								
Are You Having PAIN / DISCOMFORT Now: N								
Is this a new episode of pain: N								
Location Of Pain:								
Duration Of Pain:								
Character Of Pain:								
Onset Of Pain:								
Pain Relieved By:								
Pain Made Worse By:								
Pain scale used to assess pain: FLACC								
Pain score: 0								
-----Pain Interventions-----								
Pharmacologic (see MAR):								
Non-Pharmacologic:								
Emotional support:								
Comfort measures:								
Cognitive techniques:								
Voiding: Y Involving Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N								
Color Of Urine: NOT OBSERVED								
Character Of Urine: Not Observed								

Age/Sex: 4Y 04M F
Attending: Tran, Sharon N.Y.D.
Unit #: K00629604
Account #: K32120286
Location: SES
Admitted: 03/10/16 at 1:32
Room/Bed: K.E554--
Status: DIS IN

Wills-Knighton South Nursing ***IVE**
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Problem/Goal/Intervention Description						S/S Directions	From
Activity Type	Date	Time by Date	Recorded	Documented	Units		Charge
Activity Date: 03/11/16 Time: 2000							
400C10	Vital Signs taken by a NAI are reviewed by RN.	A Q4H	CP				
- Document	03/11/16 2000 JW	03/12/16 C044 JW	21.4				
Blood Pressure:	BP Position:						
Temp: 98.0	Type Of Temperature: Axillary						
Heart Rate: 148	Heart Rate Source: Machine						
Resp. Rate: 60							
SAO2: 96	O2 Delivery: ROOM AIR						
200021	Safety Checks	A Q2H	CP				
- Document	03/11/16 2000 JW	03/11/16 2151 JW	5.3				
Family Member At Bedside: Y	Respiration Observed: Y						
Cann Light/Cephone In Reach: Y	Fall Precautions: Y						
Crib Rails (Up / Down): Down							
Number Of Bed Rails Up: 2							
Are bedrails up because of meds given: N							
Bed Brakes Locked: Y							
Bed High OR Low Position: LOW							
All Alarms On and Audible: Y							
CPX in Use: N							
Pt. Off Unit: N							
Patient Education							
- Document	03/11/16 2000 JW	03/11/16 2138 JW	0.0				
Learner: Grandparent(s)							
Learner's Preferred Method: One-on-One Teaching							
Language Spoken (G02): English							
If Other, Describe:							
*Religious or Cultural practices that may affect learning: N							
If YES, describe:							
*Physical limitations that may affect learning (Y/N): N							
If YES, describe:							
*Cognitive limitations that may affect learning (Y/N): N							
If YES, describe:							
*Emotional limitations that may affect learning (Y/N): N							
If YES, describe:							
If patient has pain, what issues have been discussed with patient regarding this:							
:WILL MONITOR FOR PAIN USING FLACC SCALE AND TREAT ACCORDINGLY. NO PAIN NOTED AT THIS TIME. COMFORT MEASURES							
Pt/Family encouraged to report concerns about Pt. safety issues: Y							
What safety issues have been addressed with the patient: 2 FT IDS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION							
*Is patient/family motivated to learn (Y/N): Y							
If NO, explain:							
LEARNING NEEDS							
TEACHING SUMMARY							

Age/Sex: 4Y 04M.F
Unit #: K000629604
Admitted: 03/20/16 at 1132
Status: DCS IN
Attending: Tran, Sharon N M.D.
Account #: K321202206
Location: SES
Room/Bed: K.E5514--

Problem/Goal/Intervention Description					S/s Directions			From	
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Change	Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Change
Activity Date: 03/11/16 Time: 2000 (continued)									
1-D Patient Education (continued) *Discharge (Y/N): Y: RESP DIS-RESS, *MYOPLASMA *Isolation (Y/N): N *Equipment (Y/N): Y: CRIB RAILS, CALL BELL, *Procedure (Y/N): Y: REASSESSMENT *Medication (Y/N): Y: CRABRED, RESP TXS *New Medication (Y/N): N Education: *Follow-up care (Y/N): Y: ONGOING Rehab/Resources (Y/N): N *Nutrition (Y/N): Y: TODDLER DIET Other Teaching: POC, SAFETY, CHANNEL 55, 2 FT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION If applicable, pt has demonstrated competence to self administer medications: N Med3: NA Med3: NA									CP
Activity Date: 03/12/16 Time: 0800									
200008 IV Site #1 Check/Care (continued) PSI Actual Reading #1: IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 03/10/16 Time IV (#1) started: 200021 Safety Checks - Document 03/11/16 2200 JW 03/12/16 0252 JW A Q2H Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High/CR Low Position: LOW All Alarms On and Audible: Y CPW in use: N Pt. Off Unit: N									CP
Activity Date: 03/12/16 Time: 0800									
200008 IV Site #1 Check/Care - Document 03/12/16 0000 JW 03/12/16 0252 JW A Q2H IV Site #1: Left Wrist Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 45 Type Of IV Solution #1 (free text): D5 1/2 WITH 20 KCL IV Tubing Changed #1: IV Tubing Changed #2: IV Tubing Changed #3: PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: IV Dressing Changed Time #1: Date IV (#1) started: 03/10/16 Time IV (#1) started: 400010 Vital Signs Vital Signs taken by a NAI are reviewed by an RN. - Document 03/12/16 0000 JW 03/12/16 0043 JW Blood Pressure: BP Position: BP Type: Temp: 98.1 Type Of Temperature: Axillary Heart Rate: 12 Heart Rate Source: Machine Resp. Rate: 24 SAO2: 97 O2 Delivery: ROOM AIR 200021 Safety Checks - Document 03/12/16 0000 JW 03/12/16 0252 JW A Q2H Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y									CP
Activity Date: 03/11/16 Time: 2120									
400010 Vital Signs Vital Signs taken by a NAI are reviewed by an RN. - Document 03/11/16 2120 JW 03/12/16 0114 JW Blood Pressure: BP Position: Temp: 99.5 Type Of Temperature: Rectal Heart Rate: Heart Rate Source: Resp. Rate: SAO2: O2 Delivery:									CP
Activity Date: 03/11/16 Time: 2200									
200008 IV Site #1 Check/Care - Document 03/11/16 2200 JW 03/12/16 0252 JW A Q2H IV Site #1: Left Wrist Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 45 Type Of IV Solution #1 (free text): D5 1/2 WITH 20 KCL Site Changed #1: IV Tubing Changed #1: IV Tubing Changed #2: IV Tubing Changed #3: PSI Limit Settings #1:									CP

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Attending: Tran, Sharon: N.Y.D.
 Account #: K32120206
 Admitted: 03/10/16 at 11:32 Location: 5F5
 Status: DIS IN Room/Bed: K.E55-4-1

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Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Date	Occurred Time	Recorded Time	By	Comment	Units	Charge
Activity Date: 03/12/16 Time: 0430 (continued)							
200008	IV Site #1	Check/Care	03/12/16 0200	JW	03/12/16 0252	8.0	CP
- Document							
IV Site #1: Left Wrist							
Peripherally Inserted Central Catheter (Y/N): N							
Site Description #1: Normal							
Rate (cc/hr) #1: 45							
Type Of IV Solution #1: (free text): D5 1/2 WITH 20 KCL							
IV Tubing Changed #1:							
IVPS Tubing Changed #1:							
PSI Limit Settings #1:							
PSI Actual Reading #1:							
IV Dressing Changed Site #1:							
IV Dressing Changed Time #1:							
Date IV (#1) started: 03/10/16 Time IV (#1) started:							
400010 Vital Signs							
Vital Signs taken by a NAI are reviewed							
by at RN:							
- Document							
Blood Pressure:							
BP Type:							
Temp: 97.7 Type Of Temperature: Temporal							
Heart Rate: 125 Heart Rate Source: Machine							
Resp. Rate: 22							
SAO2: 95							
Intake							
450010							
- Document							
03/12/16 0430 JW 03/12/16 0502 JW							
BP Position:							
Oral - just #20 (ml):							
Oral (not water) ml: 480							
Tube Feed (ml):							
NGT Tube Flushes (ml):							
PEG Tube Flushes (ml):							
IV (ml):							
IVPS (ml):							
TPN (ml):							
Lipid (ml):							
Blood (ml):							
450000							
- Document							
03/12/16 0430 JW 03/12/16 0502 JW							
Drain voided (ml):							
Drain cath. (ml):							
Color Of Urine:							
Character Of Urine:							
Urine Inct Est (ml):							
If No Output, Is Pt. On Dialysis:							
Void X NY: 3 Last Void Date:							
Stool X:							
Stool Weight cc/s							
Stool Consistency:							
Color Of Stool:							
Amount Of Stool:							
Ileostomy (ml):							
New Colostomy Output:							
Old Colostomy Output (Num. of stools):							
NG (ml):							
Bresis (ml):							
Rectal Tube (ml):							
Est. Bid Loss (ml):							

Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D. Unit #: K00629604 Account #: K32120206 Admitted: 03/10/16 at 1:32 Location: SES Status: DIS IN Room/Bed: K.E55-4-1

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Problem/Goal/Intervention Description				Sts	Directions	From
Activity Type	Occurred Date	Recorded Date	Time by	Comment	Units	Charge
Activity Date: 03/12/16 Time: 0430 (continued)						
450000	Output (continued):					
	Yeast Bld Loss (ml):					
	Chest Tube #1 (ml):					
	Chest Tube #2 (ml):					
	Drain 1:					
	Drain 2:					
	Drain 3:					
	Drain 4:					
	Crostomy (ml):					
	Nephrostomy (ml):					
	WOUND EVAC. #1 (ml):					
	Art. Of Or Asp. Of Misc. Body Fluid (ml):					
	Source Of Output Or Asp. Of - Misc. Body Fluid:					
200021	Safety Checks					
	- Document 03/12/16 0430 JW 03/12/16 0504 JW A Q2H 5.3 CP					
	Family Member At Bedside: Y Respiration Observed: Y					
	Call Light/Telephone In Reach: Y Fall Precautions: Y					
Activity Date: 03/12/16 Time: 0600						
200008	IV Site #1: Check/Care					
	- Document 03/12/16 0600 JW 03/12/16 0650 JW A Q2H 8.0 CP					
	IV Site #1: Left Wrist					
	Peripherally Inserted Central Catheter (Y/N): N					
	Site Description #1: Normal					
	Rate (cc/hr) #1: 45					
	Type Of IV Solution #1 (free text): DS 1/2 WITH 20 KCL					
	Site Charged #1:					
	IV Tubing Charged #1:					
	IVPS Tubing Charged #1:					
	PS: Limit Settings #1:					
	PS: Actual Reading #1:					
	IV Dressing Charged Site #1:					
	IV Dressing Charged Time #1:					
	Date IV (#1) started: 03/10/16 Time IV (#1) started:					
200021	Safety Checks					
	- Document 03/12/16 0600 JW 03/12/16 0651 JW A Q2H 5.3 CP					
	Family Member At Bedside: Y Respiration Observed: Y					
	Call Light/Telephone In Reach: Y Fall Precautions: Y					
Activity Date: 03/12/16 Time: 0800						
990008-A	RT - Aerosol Therapy					
	- Document 03/12/16 0820 ABH 03/12/16 1430 ABH A Q4H 2.5 CP					
	Is This a New Start: N Protocol N Therapy Given: Y If no, why:					
	Therapy Frequency Q4H					
	Meds/Dosage: 1.25mg XOPENEX					
	Vitals: PRE					
	HR 125					
	RR 27					
	BBS TIGHT EXPIRATORY WHEEZE					
	HR 125					
	RR 27					
	BBS SAME					

Age/Sex: 4Y 04M F Attending: Tian, Sharon N M.D.
 Unit #: K00629604 Account #: K32-20206
 Admitted: 03/10/16 at 1132 Location: 525
 Status: DCS IN Room/Bed: K.25514-1
 Printed 10/01/19 at 1352
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Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units	Activity Type	Occurred Date	Recorded Time by Date	Sts Directions Documented Units
Activity Date: 03/12/16 Time: 0820 (continued)				Activity Date: 03/12/16 Time: 0900 (continued)			
99008-A	RT - Aerosol Therapy (continued)			100507	Reassessment/Evaluation - Pediatrics (continued)		
PF		PF		Abdomen: Soft/Active Bowel Sounds			Bowel Sounds: Present
	Ineffective cough: Y	Sputum Amount: None		Bowel Movement This Shift: N	Date Of Last Bowel Movement:		
	Increase Secretions N	Sputum Color:		Are You Having Pain / DISCOMFORT Now: N			
		Sputum Consistency:		Is this a new episode of pain: N			
	Is Patient Progressing Toward Goal: Unchanged		Goal Note: Y	Location Of Pain:			
	Comments/Plan: PATIENT TOO EX WELL			Duration Of Pain:			
				Character Of Pain:			
				Onset Of Pain:			
				Pain Relieved By:			
				Pain Made Worse By:			
				Pain scale used to assess pain: FLACC			
				Pain score: 0			
				-----Pain Interventions-----			
				Pharmacologic (see MAR):			
				Non-Pharmacologic:			
				Emotional support:			
				Comfort measures:			
				Cognitive techniques:			
				Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N			
				Color Of Urine: NOT OBSERVED			
				Character Of Urine: Not Observed			
				IV Pump: N How Many IV Pumps: 0 Feeding Pump: N Heating Pad: N			
				SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N			
				Vairrain: Central Line: T/C/PICC/SWAN/PORC/HD CATHETER/TAC/UNC/BROVAC? (Y/N): N			
				Can this line be removed? (Y/N): N			
				Maintain Peripheral IV or PRN Adapter Y/N: N			
				*Restrains: N *Restraint Type:			
				Has patient had an adverse drug reaction this shift: N			
				If yes, name of Med:			
				Type of Reaction:			
				Does the Patient Have any Complaints Or Specific Needs: Y			
				Specific Needs: MONITOR RESPIRATIONS			
				Specific Needs: MONITOR O2 SAT			
				Precautions: Y Type of Precautions: Droplet Precaution			
				Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N			
				*Is patient DO NOT RESUSCITATE: N			
				Pediatric Fall Risk Assessment			
				Age: 4			
				(4) Less than 3 years old			
				(3) 3 to less than 7 years old			
				Environmental Factors: 3			
				(4) History of Fall or Infant-Toddler Placed in Bed			
				(3) Patient uses assistive devices or			

Age/Gender: 4Y 04M F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K32120206
 Admitted: 03/07/16 at 1:32 Location: SES
 Status: DIS IN Room/Bed: K.2554-1

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 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description										S/S Directions				From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Units	Documented	Charge	Problem/Goal/Intervention Description	Activity Type	Occurred Date	Recorded Date	Time by Date	Units	Documented	Charge	
Activity Date: 03/12/16 Time: 0900 (continued)															
100507							Reassessment/Evaluation - Pediatrics (continued)								
:	:	:	:	:	:	:	(2) 7 to less than 13 year old								
:	:	:	:	:	:	:	(1) 13 years and above								
:	:	:	:	:	:	:	Gender: 1								
:	:	:	:	:	:	:	(2) Male								
:	:	:	:	:	:	:	(1) Female								
:	:	:	:	:	:	:	Diagnosis: 3								
:	:	:	:	:	:	:	(4) Neurological Diagnosis								
:	:	:	:	:	:	:	(3) Alteration in Oxygenation								
:	:	:	:	:	:	:	Respiratory Diagnosis, Dehydration,								
:	:	:	:	:	:	:	Anemia, Anorexia, Syncope,								
:	:	:	:	:	:	:	Dizziness, etc.								
:	:	:	:	:	:	:	(2) Psych/Behavioral Disorders								
:	:	:	:	:	:	:	(1) Other Diagnosis								
:	:	:	:	:	:	:	Cognitive Impairment: 3								
:	:	:	:	:	:	:	(3) Not Aware of Limitations								
:	:	:	:	:	:	:	(2) Forgetful Limitations								
:	:	:	:	:	:	:	(1) Oriented to Own Ability								
FREE TEXT: DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):															
:SKIN INTACT NO BREAKDOWN NOTED															
: :															
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Age/Sex: 4Y 04Y F Attending: Trer, Sharon N M.D.
 Unit #: KC00629604 Account #: K32120206
 Admitted: 03/10/16 at 1132 Location: SES
 Status: DIS IN Room/Bed: K.E5514-1

Page: 30 of 35

Willis-Knighton South Nursing **LIVE**
 HEMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description	Activity Type	Occurred Date	Recorded Date	Time by Date	Sts Directions	Documented Units	From
Activity Date: 03/12/16 Time: 0900 (continued)							
200021 Patient Education (continued) - Isolation (Y/N): Y (DROPLET, CONTACT) *Equipment (Y/N): Y (CRIB RAILS, CALL BELL) *Procedure (Y/N): Y (ASSESSMENT) *Medication (Y/N): Y (ORAPRED, RESP TXS) *New Medication (Y/N): N (NO NEW MEDS ORDERED) Education : USE, DOSAGE, FREQUENCY *Follow-up care (Y/N): Y (ONGOING) Rehab/Resources (Y/N): N : *Nutrition (Y/N): Y (FOODLER DUE) Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION If applicable, pt has demonstrated competence to self administer medications: N Med1: NA Med2: NA Med3: NA							
Activity Date: 03/12/16 Time: 1000							
40270 02 Delivery - Document 03/12/16 1000 CJP 03/12/16 1001 CJP A Q2H 02 Delivery: ROOM AIR Oxygen Delivery Frequency: continuous 200021 Safety Checks - Document 03/12/16 1000 CJP 03/12/16 1001 CJP A Q2H Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N						0.0	CP
Activity Date: 03/12/16 Time: 1200							
200021 Safety Checks - Document 03/12/16 1200 CJP 03/12/16 1246 CJP A Q2H Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N						5.3	CP
Activity Date: 03/12/16 Time: 1200 (continued)							
200021 Safety Checks (continued) - Document 03/12/16 1200 ABH 03/12/16 1430 ABH A Q4H Is this a New Start: N Protocol N Therapy Given: Y If no, why: Q4H Therapy Frequency Q4H Yeds/Dosage: 1.25mg XOPENEX Vitals: PRE HR 145 RR 28 Effective cough Y Sputum Amount: None Increase Secretions N Sputum Color: Sputum Consistency: Is Patient Progressing Toward Goal: Unchanged Comments/Plan: PATIENT TOL TX WELL Goal Note:						2.5	CP
Activity Date: 03/12/16 Time: 1400							
200021 Safety Checks - Document 03/12/16 1400 CJP 03/12/16 1405 CJP A Q2H Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y Crib Rails (Up / Down): Down Number Of Bed Rails Up: 2 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPM in use: N Pt. Off Unit: N						5.3	CP

Age/Sex: 4Y 04Y F
 Attending: Tran, Sharon N M.D.
 Unit #: K00629604
 Account #: K3212206
 Location: SES
 Room/Bed: K.E5514--
 Status: DIS IN
 Admitted: 03/10/16 at 11:32
 Printed 10/01/19 at 1:52
 HEMS PRINT ALL NURSING INFORMATION
 Wallis-Knighton South Nursing **IVE**
 HENDERSON, [REDACTED]
 Page: 1 of 33

Problem/Goal/Intervention Description				Sta Directions				From
Activity Type	Date	Time	By	Recorded	Documented	Units	Change	
Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
Pediatric Risk Assessment: (4) History of Fall or Infant-Toddler (3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting (2) Patient Placed in Bed (1) Outpatient Area Response to Surgery/Sedation/Anesthesia 1 (3) Within 24 hours (2) Within 48 hours (1) More than 48 hours Medication Usage: 1 (3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Antidepressants, Laxatives/Diuretics, Warfarin (2) One of the meds listed above (1) Other Medications/None Fall Risk Total: 16 PS 1020:2 PAIN Assessment / Management - PEDI Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and type of pain. C3/12/16 1500 CJP 03/12/16 16:4 CJP 0.0 Are You Having PAIN / DISCOMFORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FLACC Pain score: 0 -----Pain Interventions----- Pharmacologic (see VAR): N Non-Pharmacologic: Emotional support: Y Comfort measures: Y Cognitive techniques: N Goal Note: Y								
Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
Pediatric Risk Assessment: (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above Gender: 1 (2) Male (1) Female Diagnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation: Respiratory Distress, Dehydration, Anemia, Anorexia, Strychnine, Dizziness, etc. (2) Psych/Behavioral Disorders (1) Other Diagnosis Cognitive Impairment: 3 (3) Not Aware of Limitations (2) Forgets Limitations (1) Oriented to Own Ability Fall Risk Total: 16 PS 1020:2 PAIN Assessment / Management - PEDI Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and type of pain. C3/12/16 1500 CJP 03/12/16 16:4 CJP 0.0 Are You Having PAIN / DISCOMFORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FLACC Pain score: 0 -----Pain Interventions----- Pharmacologic (see VAR): N Non-Pharmacologic: Emotional support: Y Comfort measures: Y Cognitive techniques: N Goal Note: Y								
Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
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Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
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Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
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Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			
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Activity Date: 03/22/16 Time: 1500								
590560	Document	03/22/16 1500 CJP	A	ADMIT	PS			

Problem/Goal/Intervention Description						From					
Activity Type	Date	Time by Date	Recorded	Units	Charge	Activity Type	Date	Time by Date	Recorded	Units	Charge
Activity Date: 03/12/16 Time: 1537 (continued)											
990008-A RC - Aerosol Therapy (continued);											
Activity Date: 03/12/16 Time: 1544											
<p>100552 Discharge Summary 2 Fed A AT TIME OF DISCHARGE AS</p> <p>- Create C3/12/16 1544 QJP C3/12/16 1557 QJP</p> <p>Document C3/12/16 1544 QJP C3/12/16 1557 QJP 0-0</p> <p>Pc's Chief Complaint: TROUBLE BREATHING</p> <p>*Functional Level Prior To Admit: Dependent</p> <p>Expected Therapy/Outcome: FREE FROM SYMPTOMS</p> <p>Brief Summary Of Hospital Stay: IV ANTIBIOTICS, IV FLUIDS, SOLIDMEDROL, DIET, COMFORT,</p> <p>: SAT-SFY, BREATHING TREATMENTIS, CR MONITOR, LAB WORK, XRAY</p> <p>: Discharge Diag./Complications: STATUS ASTHMATICUS, VIRAL ILLNESS, RESP FAILURE (RESOLVED)</p> <p>: ---DISCHARGE VITAL SIGNS---</p> <p>Blood Pressure: 112/64 Heart Rate: 117 Resp. Rate: 28</p> <p>Temp: 98.4 Type Of Temperature: Axillary Telemetry Removed: YES</p> <p>Heparin Lock Removed: YES</p> <p>---DISCHARGE FOLLOW UP---</p> <p>Apt. With: Pt/Fam Make Appt In:</p> <p>Apt. With: Pt/Fam Make Appt In:</p> <p>Apt. With: Pt/Fam Make Appt In:</p> <p>Apt. With: Pt/Fam Make Appt In:</p> <p>Referral To: *Pc:N *Ot:N *Cr:N Hospice: N*SS: N*Hr:N *Diet Cost:N*RN*ST:N</p> <p>Functional Level Or Discharge: Dependent</p> <p>Resure Normal Activity: Y Restricted Activity For: DOC:</p> <p>Restricted Activity: Not Applicable</p> <p>Hygiene Restrictions: Not Applicable</p> <p>Diet Restrictions: REGULAR</p> <p>---TAKE HOME MEDICATIONS-----</p> <p>NANE/DOSE TIMES : SPECIAL INSTRUCTIONS</p> <p>: OPAPRED 15MG/ENL GIVE 4ML BY MOUTH TWICE A DAY FOR 3 DAYS.</p> <p>: ALBUTEROL 2.5/3X/L GIVE EXL VIA NEBUZIZER EVERY 4-6 HOURS AS NECESSARY</p> <p>: FOR WHEEZING.</p> <p>: ZITHROMAX 65WG (3.25ML) GIVE 3.25ML BY MOUTH EVERY DAY FOR 2 DAYS.</p> <p>: TYLENOL 16CMG (5.62ML) GIVE BY MOUTH EVERY 4 HOURS AS NECESSARY FOR</p> <p>: TEMPERATURE > 101 DEGREES.</p>											
Activity Date: 03/12/16 Time: 1544 (continued)											
100552 Discharge Summary 2 Ped (continued)											
NANE/DOSE TIMES SPECIAL INSTRUCTIONS											
Is Fall Risk Score 12 or Higher (Pod) 3 or Higher (Adult): Y											
Verbalizes Understanding Of Discharge Instructions: Y											
Return Demonstration Of Discharge Instructions: Y											
Variables Returned From Business Office: Nevertaken to Bus. office											
Records Sent With Patient: N Records:											
Discharged Per: Parent Arms											
Discharged To: Parent/Guardian											
Mode Of Transportation: Automobile											
Accompanied By: FAMILY AND STAFF											
---DISCHARGE SKIN ASSESSMENT---											
I verify that I have performed a complete skin assessment and documented all findings below.											
Skin Temp/Character: Warm & Dry											
Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin											
Description Lookup and/or Free Text for EACH.											
If x10 locations, document remaining in a Patient Note.											
LOCATION SKIN DESCRIPTION											

Age/Sex: 4Y 04M F
Unit #: K00669604
Admitted: 03/10/16 at 1132
Status: DJS IN

Attending: Tran, Sharon N.M.D.
Account #: K32120206

[REDACTED]

Willis-Knighton South Nursing **LIVE**
HMS PRIVACY ALL NURSING INFORMATION

Printed 10/01/19 at 1352
Page: 33 of 35

Problem/Goal/Intervention Description						Sets	Directions	From
Activity	Occurred	Recorded	Time by Date	Time by Comment	Units			Change
Activity Date: 03/22/16 Time: 1544 (continued)								
00552	Discharge Summary 2 Pcd (continued)							
FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):								
:	: SKIN INTACT NO BREAKDOWN NOTED							
:								
:								
:								
:								
:								
:								
:								
-----BRADEN Q SCALE FOR BEDS (LESS THAN 18 YEARS OLD)-----								
	1	2	3	4				
SENS PERCEP	Completely Limited	Very Limited	Slightly Limited	No Impairment				
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently				
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation				
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent				
MOISTURE	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist				
FRIC/T/Shear	Problem	Potential Problem	No Apparent Problem	Excellent				
PERF/OXYGEN	Extremely Compromised	Compromised	Adequate	Excellent				
		Q2<95% capO2sec	cap=250C	Q2>95% capO2sec				
Sensory Perception: 4	- No Impairment							
Moisture: 4	- Rarely Moist							
Activity: 4	- Walks Frequently							
Mobility: 4	- No Limitation							
Nutrition: 3	- Adequate							
Friction/Shear: 3	- No Apparent Problem							
Total Braden Scale Score: 22								
DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY								
Discharge Material Given: DISCHARGE INSTRUCTIONS EXPLAINED AND GIVEN								
Discharge Material Given: TO MOM.								
Discharge Material Given: PRESCRIPTION FOR ALBUTEROL & ORAPRED GIVEN								
Discharge Material Given: TO MOM.								
Discharge Material Given:								
Discharge Material Given:								
Discharge Material Given:								
Discharge Material Given:								
Discharge Material Given:								
Discharge Material Given:								
Cardiopulmonary Home Care Instructions Provided: Dialysis patient:								
Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).								
**REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update								

Problem/Goal/Intervention Description						Sets	Directions	From
Activity	Occurred	Recorded	Time by Date	Time by Comment	Units			Change
Activity Date: 03/22/16 Time: 1544 (continued)								
100552	Discharge Summary 2 Pcd (continued)							
your new medication list with any medication providers and/or pharmacies you use.								
Hoplock removed: Yes								
Is there an MD order to leave in place:								
Fo-ey Catheter removed: Not Applicable								
Is there an MD order to leave in place:								
Was catheter inserted on this admit:								
PICC line removed: Not Applicable								
Is there an MD order to leave in place: N								
Is Home Health set up to care for PICC line at home:								
Was PICC flushed and dressing changed according to policy:								
Were PICC line Home Care Instructions given to patient:								
If any other devices were left in place, describe:								
*** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) ***								
:								
:								
*** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) ***								
:								
:								
*** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***								
Department:								
:								
:								
If pt. delivered baby while in hospital, enter Blood types:								
PATIENT BLOOD TYPE :								
Baby : Type and RH: Baby 2 Type and RH:								
Patient Or Family Signature:								
Time Of Discharge: Nurse Signature: CASSANDRA POLLARD, RN								
Date of Birth: 10/01/23 (Automatically defaults; do not change)								
Activity Date: 03/22/16 Time: 1600								
400010	Vital Signs							
Vital Signs taken by a NAI are reviewed by ar RN.								
- Document	03/22/16	1600	CJP	03/12/16	16:1	CJP	21.4	
Blood Pressure:								
BP Position:								
BP Type:								
Temp: 98.1 Type Of Temperature: Axillary								
Heart Rate: 121 Heart Rate Source: Machine								
Resp. Rate: 32								
SAO2: 97								
O2 Delivery: ROOM AIR								

Page: 34 of 35

Printed 10/01/19 at 1352

HENDERSON

Attending: Trar, Sharon N. N.D.

Account #: K32120206

Location: SES

Room/Bed: K.E55-4-1

Age/Sex: 4Y 04X F

Unit #: K000629604

Admitted: 03/01/16 at 1:32

Status: DIS EN

Willis-Knighton South Nursing **LIVE**

HCVS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description						Sts Directions			From	
Activity Type	Date	Time	by	Recorded	Time by	Comment	Documented	Units	Change	
Activity Date: 03/12/16 Time: 1600										
200002	Safety Checks					A QZH		5.3		CP
- Document	03/12/16 1600 CJP	03/12/16 16:11 CJP								
Family Member At Bedside: Y Respiration Observed: Y										
Call Light/Telephone In Reach: Y Fall Precautions: Y										
Crib Rails (Up / Down): Down										
Number Of Bed Rails Up: 2										
Bed Brakes Locked: Y										
Are bedrails up because of meds given: N										
Bed High OR Low Position: LOW										
All Alarms On and Audible: Y										
CPM in use: N										
Pt. Off Unit: N										
Activity Date: 03/12/16 Time: 1616										
100522	Pediatric Admit Assessment					D ADMIT				AS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
100542	Pain Risk - Pediatric					D ADMIT				PS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
100552	Discharge Summary 2 Ped					D AT TIME OF DISCHARGE				AS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
102012	PAIN Assessment / Management - PEDI					D PRN				PS
Use to document the effectiveness of medications given specifically for the control of pain.										
Ask patient to be specific regarding location, severity, and type of pain.										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
200008	IV Site #1 Check/Care					D QZH				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
401050	Telemetry Monitoring					D BID8				PS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
402170	O2 Delivery					D QZH				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
990001-B	RT - Initial Assessment					D				PS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
990518-A	Care Mgmt Pediatric Initial Reassessment					D				AS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
990560	Brader Pediatric Risk Assessment					D QSHFT				PS
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
Problem: Basic Pediatric Nursing Care										
- Ed Status	03/12/16 16:16 his	03/12/16 16:16 his								A => D
Goal: Basic nursing care will be provided.										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
100906	Discharge Assessment/Planning					D AS NEEDED				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D

Problem/Goal/Intervention Description						Sts Directions			From	
Activity Type	Date	Time	by	Recorded	Time by	Comment	Documented	Units	Change	
Activity Date: 03/12/16 Time: 1616										
100507	Reassessment/Evaluation - Pediatrics					D				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
100600	Critical Value Reporting					D				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
102000	Emotional Support/Teaching					D AS NEEDED				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
102011	Pain, Infant Scale					D				CP
Also perform PRN for painful procedures										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
250510-A	Bath, Total Bed - Toddler					D DAILY				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
250512	Lines Changed					D DAILY				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
400010	Vital Signs					D QZH				CP
Vital Signs taken by a NAI are reviewed by an RN.										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
401335	Weight, Daily, PEDI Or NSV					D DAILY				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
450010	Intake					D 06,18				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
450100	Output					D 06,18				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
550030-B	Feed With Assistance					D MEALTIMES				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
550040	Formula Prep					D MEALTIMES				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
550090	Feed Formula Per Family Or Staff					D QZH				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
800515	Physician Rounds					D DAILY				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
800516	Clergy Visits					D DAILY				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
Problem: INJURY, POTENTIAL FOR										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
Goal: No evidence of injury to patient.										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
200021	Safety Checks					D QZH				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
Problem: KNOWLEDGE DEFICIT										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.										
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D
1-3	Patient Education					D AS NEEDED				CP
- Ed Status	03/12/16 1616 his	03/12/16 16:16 his								A => D

Page: 35 of 35

Printed 10/01/19 at 1352

HENDERSON L

Age/Sex: 4Y 0M F Attending: Tran, Sharon N.V.D.
 Unit #: X000629604 Account #: X02120206
 Admitted: 03/10/16 at 1132 Location: SES
 Status: DTS IN Room/Bed: K.E5514-1

Willis-Knighton South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions		From
Activity Type	Occurred Date	Recorded Date	Time by	Comment	Documented Units	Charge
Activity Date: 03/12/16 Time: 1616						
Problem: RT- WEZING AND/OR ALTERED RESPIRATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP						
Goal: RT: Correct or prevent bronchospasm, improve breath sounds.						
- Ed Status	03/12/16 1616 his	03/12/16 1616 his		D	03/20/16	A => D
- Ed Status	03/12/16 1616 his	03/12/16 1616 his		D	Q4H	A => D CP
- EG Status	03/12/16 1616 his	03/12/16 1616 his		D		A => D

Monogram Initials	Name	Nurse Type
ASH	BURZA, RT	COLLA, AMY B
BBH	BEHNS, RT	HILL, BRANDI BEHAN
CAE	EVEREC, NS	EVEREST, CATHERINE A
CJP	COOK, NS	POLLARD, CASSANDRA J
CS	SWTC, NS	SMITH, CYNTHIA
EX	MIDDLE, NS	MIDDLEBURY, ELIZABETH
ERF	FOX, NS	FOX, ELAINE ROSE
FDX	MORRIS, SS	MORRIS, FREDERICA
JW	WATSON, NS	WATSON, JESSICA
KER	ELIK, RT	RHODES, KATHRYN E
KV	CANIZA, RT	MCCULLOUGH, KARLA
PAD	ANDRE, RT	DEJAN, PAM A
SC	CALHOS, RT	COLBERT, SORENA
SDT	PERASSI, RT	TEUTSCH, SARA DAWN
SLF	FREEM, NS	FREEMAN, SANDY
VV	VANV, NS	VANN, VALARIE
his		automatic by program


MEDICATION ADMINISTRATION RECORD		ROBERT D.P.				
ADMIN PERIOD: 03/12/16-0701 to 03/13/16-0700		RDM: 03/11/16-2031				
RX #	MEDICATION	START	STOP	DAY	EVENING	NIGHT
***** ROUTINE MEDS *****						
K005476618	AZITHROMYCIN 100 MG/5 ML 15MLBOT (None) (ZITHROMAX) ORD DR: Tran, Sharon N M.D. DOSE: (15ML BOT(S)) PO Q24H SCH DOSE INSTR: 65 MG (3.25 ML) ✓ COMMENTS: GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS. (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)	1300 03/10/16	1301 03/13/16	1200 CPK 0900 #2		
K005477358	PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) ORD DR: Tran, Sharon N M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO Q12H SCH DOSE INSTR: 12mg (4 il) ✓ COMMENTS: (REFRIGERATE!)	0945 03/11/16		0945 0900 CPK	2145 2100	
K005477927	LEVALETEROL 1.25 MG/0.5 ML INH.SOLN (None) (XOPENEX 1.25) ORD DR: Tran, Sharon N M.D. DOSE: (INHAL SOLN(S)) INH .Q4H SCH DOSE INSTR: 0.63 MG ✓ COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	2015 03/11/16		RT		

LEGEND:							
RD Rt Deltoid RUQ Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RDT Rt Dorsal Thigh		RA Rt Abd	
LD Lt Deltoid LUQ Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LDT Lt Dorsal Thigh		LA Lt Abd	
LUG Lt Upper Gluteal		LLG Lt Lateral Gluteal		LDG Lt Dorsal Gluteal		LVA Lt VentroGluteal	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Lucas A. [Signature]	CA	Comandra Pollard [Signature]	CP				
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON [Signature] L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
Room/Bed: K.E5514-1 Adm Date: 03/10/16 Location: 5NS Service: PED D.O.B.: 10/01/13				PAGE 1			


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MEDICATION ADMINISTRATION RECORD		ROBERTS.P.DP		
ADMIN PERIOD: 03/12/16-0700 to 03/13/16-0700		Rm: 03/11/16-2031		
RX #	MEDICATION	START	STOP	NIGHT

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	EDT	Lt Dorsal Thigh
						RA	Rt Abd
						LA	Lt Abd
						RVG	Rt VentroGluteal
						LVG	Lt VentroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON, L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.W5514-1 Adm Date: 03/10/16 Location: 5E3 Service: PED D.O.B.: 10/01/13
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MEDICATION ADMINISTRATION RECORD						ROBERTS.DP	
ADMIN PERIOD: 03/12/16-03/13/16-0700						03/11/16-2031	
RX #	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005476964	ONDANSETRON 4 MG/2 ML VIAL (2 MG) (ZOFRAN (EQUIV)) ORD DR: Tran, Sharon N M.D. DOSE: 2 MG= (0.5 VIAL(S)) IV Q4H PRN COMMENTS: PRN NAUSEA, VOMITING	2045 03/10/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
K005476965	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Tran, Sharon N M.D. DOSE: (UD CUP(S)) PO Q4H PRN DOSE INSTR: 180MG (5.62ML) COMMENTS: PRN TEMP >= 101 DEGREES F, (DO NOT EXCEED 4,000 MG/24HRS!)	2045 03/10/16					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLt Rt Lateral Thigh RLT Rt Dorsal Thigh RA Rt Abd RVG Rt VentrGluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LLT Lt Dorsal Thigh LA Lt Abd LVG Lt VentrGluteal							
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32120206 Med Rec#: K000429604 Name: HENDERSON L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
Room/Bed: K.25514-1 Adm Date: 03/10/16 Location: 5ES Service: PED D.O.B.: 10/01/13				PAGE 3			

LEGEND:											
RD	Rt Deltoid	RUC	Rc Upper Outer Quadrant	RLT	Rt Lateral Thigh	RHT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt VentrGluteal
LD	Lt Deltoid	LUG	Lc Upper Outer Quadrant	LLT	Lt Lateral Thigh	LHT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118						Acct#: K32120206 Med Rec#: K000629604 Name: [REDACTED] L Phys: Tran, Sharon W M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Room/Bed: K.E5514-1 Adm Date: 03/10/16 Location: 5S8 Service: PED D.O.B.: 10/01/13					
						Allergies: ... see ALLERGY SOURCE DOCUMENT ...					
						PAGE 4					

MEDICATION ADMINISTRATION RECORD							
ADMIN PERIOD: 03/12/16-0701 to 03/13/16-0700				ROBERSP.DF RUS: 03/11/16-2031			
RT	MEDICATION	START	STOP				
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	AUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	EDT	Lt Dorsal Thigh
						LA	Lt Abd
						LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Tran, Sharon M M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: S/W BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5514-1 Adm Date: 03/10/16 Location: 5NS Service: PED D.O.B.: 10/01/13 PAGE 5
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RUN DATE: 03/11/16
RUN TIME: 2145
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/11/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/11/16
RUN TIME: 2340
RUN USER: ROBERSP,DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/11/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD						PATIENT: MURPHY, N.B.	
IN PERIOD: 03/11/16 to 03/12/16-0700						03/11/16-0249	
EX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700	
***** ROUTINE MEDS *****							
K005476606	KCL 20 MEQ / D5W-0.45%NS 1000ML PREMIX BAG (None) (KCL / D5W-0.45%NS) ORD DR: Haynes, Andrew T M.D. DOSE: (BAG(S)) IV .CONTINUOUS INFUSION SCH DOSE INSTR: 45 ML/HR	1300 03/10/16					
K005476614	ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN (None) (ATROVENT 0.02%) ORD DR: Tran, Sharon N M.D. DOSE: (INHAL SOLN(S)) INH .Q6H SCH DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1330 03/10/16					
K005476618	AZITHROMYCIN 100 MG/5 ML 15MLBOT (None) (ZITHROMAX) ORD DR: Tran, Sharon N M.D. DOSE: (15ML BOT(S)) PO Q24H SCH DOSE INSTR: 65 MG (3.25 ML) COMMENTS: GIVE 3.25 ML (65 MG) ONCE A DAY FOR 4 DAYS. (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)	1300 03/10/16	1301 03/13/16				
K005476838	LEVALBUTEROL 1.25 MG/0.5 ML INH.SOLN (None) (XOPENEX 1.25) ORD DR: Tran, Sharon N M.D. DOSE: (INHAL SOLN(S)) INH .Q4H SCH DOSE INSTR: 0.63 MG COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1815 03/10/16					
K005476839	METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLD MEDROL) ORD DR: Tran, Sharon N M.D. DOSE: (1ML VIAL(S)) IVP Q8H SCH DOSE INSTR: 15 MG (0.375 ML)	1600 03/10/16					


Handwritten notes:
 514
 1300
 1330
 1300 1301 0900
 1815
 1600
 0750 2100

LEGEND							
RD	Rt Deltoid	RDO	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LDO	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Camandra Pollard	CP	Sharon N M.D.					
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA:			
Room/Bed: K.PICU1-1 Adm Date: 03/10/16 Location: PICUS Service: MED D.O.B.: 10/01/13				Allergies: .. see ALLERGY SOURCE DOCUMENT ..			


Handwritten notes:
 514
 0750 2100


514

MEDICATION ADMINISTRATION RECORD		IN PERIOD: 03/11/16 to 03/12/16-0700		PATIENT: MURPHY, NE		DATE: 03/11/16-0249	
PK #	MEDICATION	START	STOP	DAY 0701-1200	EVENING 1201-2300	NIGHT 2301-0700	
<p align="center">***** IV'S *****</p>							
K005476837	MAGNESIUM SULFATE 50% 500 MG/ML 10ML VIAL (650 MG) (MAGNESIUM SULFATE 50%) IN: D5W 25 ML BAG (25 ML) (D5W) ORD DR: Tran, Sharon N M.D. RATE: 105.2 ML/HR DURATION: FREQ: Q6H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	1800 03/10/16	1215 03/11/16	1200			
K005476841	CEFTRIAXONE 1 GM VIAL (0.6 GM) (ROCEPHIN) IN: D5W 50 ML BAG (50 ML) (D5W) ORD DR: Tran, Sharon N M.D. RATE: 50 ML/HR DURATION: 1 FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	1200 03/10/16		1200			

LEGEND:							
RD	Rt Deltoid	RUC	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDY	Rt Dorsal Thigh
LD	Lt Deltoid	LUC	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDY	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
						<i>P. C. [Signature]</i>	<i>CC</i>
						<i>[Signature]</i>	
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON, [Redacted] L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA:		Room/Bed: K.FICU1-1 Adm Date: 03/10/16 Location: FICUS Service: MED D.O.B.: 10/01/13	
				Allergies: .. see ALLERGY SOURCE DOCUMENT ..		PAGE 2	


MEDICATION ADMINISTRATION RECORD						Page 1484 of 1788	
ADMISSION PERIOD: 03/11/2016 to 03/12/16-0700						NURSE: MURPHY, MS ID: 03/11/16-0249	
EX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700	

LEGEND:							
RD	Rt Deltoid	RUD	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LA	Lt Deltoid	LUD	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
Room/Bed: K.FICU1-1 Adm Date: 03/10/16 Location: FICUS Service: MED D.O.B.: 10/01/13				PAGE 3			

LEGEND:											
AD	Rt Deltoid	ADC	Rt Upper Outer Quadrant	ALT	Rt Lateral Thigh	ADT	Rt Dorsal Thigh	AA	Rt Abd	KVG	Rt Vetrogluteal
LD	Lt Deltoid	LDC	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt Vetrogluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 						Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..					
						Room/Bed: K.PICU1-1 Adm Date: 03/10/16 Location: PICU# Service: MED D.O.B.: 10/01/13 PAGE 5					

[illegible]

LEGEND:											
RD	Rt Deltoid	ROQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt Ventrogluteal
LD	Lt Deltoid	LOQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 				Acct#: K32120206 Med Rec#: K000629604 Name: HENDERSON [REDACTED] L Phys: Tran, Sharon N M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 15.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..				Room/Bed: K.PICU1-1 Adm Date: 03/10/16 Location: PICU8 Service: MED D.O.B.: 10/01/13 PAGE 6			
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RUN DATE: 03/10/16
RUN TIME: 2145
RUN USER: ROBERSP.DP

W. Knighton Smith **ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: HENDERSON [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.PICU1 Serv/Loen: MED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/10/16
RUN TIME: 1316
RUN USER: FOXE.NS

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5502 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/07/16
RUN TIME: 0709
RUN USER: BELLE.AM

Willis Knighton Smith *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: Serv/Locn: ERS
Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:

11/05/15

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/10/16
RUN TIME: 0709
RUN USER: BELLE.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] YAH L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD		PATIENT PERIOD: 03/10/16-0701 to 03/11/16-0700		PICK-UP		
PATIENT PERIOD: 03/10/16-0701 to 03/11/16-0700		PICK-UP		PICK-UP		
NO.	MEDICATION	START	STOP	DAY	EVENING	NIGHT
***** ROUTINE MEDS *****						
K005476606	KCL 20 MEQ / DSW-0.45%NS 1000mL PREMIX BAG (None) (KCL / DSW-0.45%NS) ORD DR: Haynes, Andrew T M.D. DOSE: (BAG(S)) IV CONTINUOUS INFUSION SCH DOSE INSTR: 45 ML/HR	03/10/16		1300		
K005476607	METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (None) (SOLU MEDROL) ORD DR: Haynes, Andrew T M.D. <i>OB</i> DOSE: (1ML VIAL(S)) IVP <i>15mg</i> SCH DOSE INSTR: <i>15mg</i>	03/10/16		1400		0000

Albuterol 2.5mg Q20

RT

Atrovent UD Q60

RT

Xopenex 0.63mg per RT
protocol

RT

***** IVS *****		*****	
K005476608	CEFTRIAXONE 500 MG VIAL (500 MG) (ROCEPHIN) IN: DSW (BAX) 50 ML MINIBAG (50 ML) (DSW (BAX)) ORD DR: Haynes, Andrew T M.D. RATE: 50 ML/HR DUR: 1 FREQ: Q24H COMMENTS: TO MIX: SNAP BLUE TUBE TO BREAK SEAL, THEN SQUEEZE CONTENTS BETWEEN VIAL/BAG TIL MIXED!	03/10/16	1200
Zithromax 130mg IV Then 65mg PO Daily x 4 days		VV 1600	


LEGEND:							
RD Rt Deltoid		RUG Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RDT Rt Dorsal Thigh	
LD Lt Deltoid		LUG Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LDT Lt Dorsal Thigh	
RA Rt Abd		RVA Rt Ventr/gluteal		LA Lt Abd		LVA Lt Ventr/gluteal	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Vibrie Vannan	VV	Elaine FORD	EF	W. H. H. H. H. H.			
Vibrie Vannan	VV						
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K32120206 Med Rec#: K000629604 Name: L Phys: Tran, Sharon M.D. Age: 2Y 05M Sex: F Wgt: 27 lb 13.98 oz = 12.7 kg Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
Room/Bed: K.55502-1 Adm Date: 03/10/16 Location: SNS Service: PED D.O.B.: 10/01/13				PAGE 1			

MEDICATION ADMINISTRATION RECORD				FOUR.XE	
ADMIN PERIOD: 03/10/16-1111 to 03/11/16-0700				03/10/16-1316	
EX #	MEDICATION	START	STOP	DAY 0701-1500	NIGHT 1501-2300

Magnesium Sulfate 650mg IV over 15min stat 1500
 then then Q6 total 3 doses
 #1 W/RP
 #2 2100 MM
 #3 0300 MM

Albuterol 5mg Neb continuous 1 hour X1 — RIT —

~~Mag Sulfate 650mg~~

LEGEND:							
RD Rt Deltoid		RUG Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RDT Rt Dorsal Thigh	
LD Lt Deltoid		LUG Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LDT Lt Dorsal Thigh	
RA Rt Abd		RUG Rt VentroGluteal		LA Lt Abd		LUG Lt VentroGluteal	
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
<i>[Signature]</i>	<i>[Init]</i>	<i>[Signature]</i>	<i>[Init]</i>	<i>[Signature]</i>	<i>[Init]</i>	<i>[Signature]</i>	<i>[Init]</i>
MEDICATION ADMINISTRATION RECORD (2946)				Acct#: K32120206 Med Rec#: K000629604			
WILLIS-KNIGHTON SOUTH				Room/Bed: X.W5502-2			
2510 BERT KOUNS INDUSTRIAL LOOP				Adm Date: 03/10/16			
SHREVEPORT, LOUISIANA 71118				Location: 528			
				Service: PED			
				D.O.B.: 10/01/13			
				Allergies: .. see ALLERGY SOURCE DOCUMENT ..			
				PAGE 2			



Medication Administration Record

DATE STARTED: 3/10/16

ADMINISTER PERIOD: 7:00 AM to 6:59 AM

***** PRN meds *****

MEDICATION						START	STOP
Tylenol 180mg PO/PR Q4*PRN T2/01							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INITIAL	PAIN SCALE	RESPONSE/OUTCOME	PAIN SCALE REASSESS	TIME	Initials
2050	Temp 101.4x	180mg sup PR MM	NA	Temp & 99.2 Ax	NA	2100	MM

MEDICATION						START	STOP
Zofran							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INITIAL	PAIN SCALE	RESPONSE/OUTCOME	PAIN SCALE REASSESS	TIME	Initials
2050	vomited	2mg IV MM	NA	Asleep No further Vomiting	NA	2130	MM

MEDICATION						START	STOP
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INITIAL	PAIN SCALE	RESPONSE/OUTCOME	PAIN SCALE REASSESS	TIME	Initials

Signature	Initials	Signature	Initials	Signature	Initials
<i>[Signature]</i>	MM	<i>[Signature]</i>	MM		
<i>[Signature]</i>	MM	<i>[Signature]</i>	MM		

*See allergy source document

Allergies: NKA



MA0005



RUN DATE: 03/10/16
RUN TIME: 1316
RUN USER: FOXE.NS

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: K.E5502 Serv/Locn: PED
Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M
Status: IN Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 05/07/16
RUN TIME: 2340
RUN USER: ROBERSP.DP

W. Knighton Smith **ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: K.PICU1 Serv/Loen: MED
Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M
Status: IN Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:

03/10/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/11/16
RUN TIME: 1423
RUN USER: WASHBG.AM

Wallis Knighton Smith *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5514 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:

03/11/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/11/16
RUN TIME: 1423
RUN USER: WASHBG.AM

Willis Knighton South *ADMISSIONS*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5514 Serv/Loch: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKA

03/10/16 - 1338

Allergy2-Med/Contact:
NKA

03/10/16 - 1338

Food Allergies-Intol:
NKFA

03/10/16 - 1338

Latex Allergy (Y/N):
N

03/10/16 - 1338

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/11/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/03/16
RUN TIME: 1154
RUN USER: BELLE.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: HENDERSON [REDACTED] L
Rm/Bd: K.E5509 Serv/Locn: PED
Unit#: K000629604 Account#: K32120206

DOB: 10/01/13 Age: 2Y 05M
Status: IN Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

03/10/16

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/03/16
RUN TIME: 1154
RUN USER: BELLE.AM

Ellis Knighton Smith *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 05M
Rm/Bd: K.E5509 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K32120206 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:	11/03/15 - 1358
NKDA	
Allergy2-Med/Contact:	11/03/15 - 1358
NKDA	
Food Allergies-Intol:	11/03/15 - 1358
NONE	
Latex Allergy (Y/N):	11/03/15 - 1358
N	

Pharmacy Allergy List (Coded Allergies), historical data:

03/10/16

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 03/10/16
RUN TIME: 1349
RUN USER: 0

Willis-Knighton South Nursing **LIVE**
Home Medications NOT An Order

PAGE 1

Home Medications NOT An Order
For Information/Comparison Only

ALBUTEROL

NOT AN ORDER



Name: [REDACTED] L
Acct#: K32120206
Room/Bed: K.E5502-1
DOB: 10/01/13 Age: 2Y 05M Sex: F Weight: 27



WILLS-KNIGHTON HEALTH SYSTEM

AM VITAL SIGNS
Critical Care Record

Date: 3-11-2016

Richmond Agitation - Sedation Scale

- +4 COMBATIVE: Immediate danger to staff, violent
- +3 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff
- +2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony
- +1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous
- 0 ALERT AND CALM
- 1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice
- 2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice
- 3 MODERATE SEDATION: any movement (but no eye contact) to voice
- 4 DEEP SEDATION: no response to voice, but any movement to physical stimulation
- 5 UNAROUSABLE: no response to voice or physical stimulation

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER (0-4) CHILD
O = ABSENT (1-10) ADULT

TIME	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
250												
240												
230												
220												
210												
200												
190												
180												
170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
50												
40												
BP: C=Cuff A=Arterial												
TIME	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
HR	110		116		151	134						
BP						112/63						
MAP						76						
Total Resp Rate	34		32		30	34						
Temperature	98.4				98.4							
PA SD												
PCW												
CVP												
CO/SVR												
Pulse OX	95%		95%		99%	97%						
Peripheral Pulse	2/2				2/2	2/2						
Serum Blood Glucose												
Pain Scale	0/10				0/10	asleep						
RASS Scale												
SIGNATURE	[Signature]			INIT	[Signature]			INIT	[Signature]			INIT

AS599
Rev 01/11



NS0060



Printed: 03/11/2016

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11



WILLIS-KNIGHTON HEALTH SYSTEM

PM VITAL SIGNS
Critical Care Record

Date: 3-11-2016

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER (0-4) CHILD
O = ABSENT (1-10) ADULT

Richmond Agitation - Sedation Scale

- +4 COMBATIVE: immediate danger to staff, violent
 +3 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff
 +2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony
 +1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous
 0 ALERT AND CALM
 -1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice
 -2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice
 -3 MODERATE SEDATION: any movement (but no eye contact) to voice
 -4 DEEP SEDATION: no response to voice, but any movement to physical stimulation
 -5 UNAROUSABLE: no response to voice or physical stimulation

TIME	7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM	
250													
240													
230													
220													
210													
200													
190													
180													
170													
160													
150													
140													
130													
120													
110													
100													
90													
80													
70													
60													
50													
40													
BP: C=Cuff A=Arterial													
TIME	7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM	
HR													
BP													
MAP													
Total Resp Rate													
Temperature													
PA SD													
PCW													
CVP													
CO/SVR													
Pulse OX													
Peripheral Pulse													
Serum Blood Glucose													
Pain Scale													
RASS Scale													
SIGNATURE	INIT			SIGNATURE			INIT			SIGNATURE			INIT



NS0060



Printed: 03/11/2016

AS600
Rev 01/11

10/01/2013 002Y 05M F
 Sharon Tran
 K32120206 03/10/2016 K.PICU1 1

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11



Date: 3-11-2016

[illegible]

AS602_1
Revised 07/12/2012
Committee Approved 08/22/2012
Page 1 of 1



NS0060

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11



STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-11-2016

LEGEND: Initial = Yes R = Refused Blank = Not Implemented

	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a
HYGIENE (every day / PRN)																								
ORAL CARE																								
EYE CARE																								
FOLEY CARE																								
LINEN CHANGED																								
BATH (chlorhexidine gluconate/other)																								
MOVEMENT																								
ROM (every 2 hr)																								
TURNED (every 2 hr)																								
DANGLE (as ordered / PRN)																								
OOB (as ordered / PRN)																								
AMBULATED (as ordered / PRN)																								
TREATMENT																								
SKIN RISK ASSESSMENT (every 4 hr)																								
DRESSING-LIST:																								
RESPIRATORY																								
TCDB/INSPIROMETER (IS per Rx)																								
SUCTIONED (PRN)																								
ET/TRACH CARE (every shift)																								
GI																								
NG Tube PLACEMENT (every shift)																								
DIET (Amount Eaten-1/4, 1/2, 3/4, All)																								
EQUIPMENT (Upon Initiation and Every 1 hr)																								
FEEDING PUMP																								
WARMING / COOLING UNIT																								
TED HOSE																								
SCDS																								
FALL PRECAUTIONS (every 12 hours) - (If fall scale indicates high risk)																								
FALL ALARMS																								
YELLOW WRISTBAND																								
IV																								
IV SITE CHECK (every 2 hr)																								
IV TUBING CHANGED																								
IV DSG CHANGED																								
PRESSURE SETUP CHANGED																								
LEVELED & SQUARE WAVE TEST (every shift & PRN)																								
ZEROED (PRN)																								
SIGNATURE/PRINTED NAME	Initial	SIGNATURE/PRINTED NAME										Initial	SIGNATURE/PRINTED NAME										Initial	



Printed: 03/11/2016

10/01/2013 002Y 05M F
 Sharon Tran
 K32120206 03/10/2016 K.PICU11



STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-11-2016

Legend: Initial = Yes R = Refused Blank = Not Implemented

	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a
SAFETY (every 1 hour)																								
PATIENT ALARMS ON & AUDIBLE																								
BED GROUNDED/LOW POSITION																								
SIDE RAIL UP																								
CALL LIGHT IN REACH																								
HOB POSITION _____ degrees																								
ISOLATION																								
CONTACT																								
DROPLET																								
AIRBORNE - Negative Pressure confirmed every shift																								
ALARM LIMITS (Numeric value every 12 hours and if changed)																								
EKG HIGH																								
EKG LOW																								
SYSTOLIC BP HIGH																								
SYSTOLIC BP LOW																								
MAP HIGH																								
MAP LOW																								
DIASTOLIC BP HIGH																								
DIASTOLIC BP LOW																								
O2 SAT LOW																								
IABP Augmentation																								
HOUDINI Step One - (Assess for qualifying criteria for indwelling urinary catheter now and every shift)																								
Hematuria, gross																								
Obstruction, urinary																								
Urologic surgery, genitourinary surgery, peri-rectal surgery, urinary catheter placed by urologist, chronic indwelling urinary catheter on admission (present greater than 30 days)																								
Decubitus ulcer - open sacral or perineal wounds for incontinent patients																								
Intake & Output monitoring - accurate measurement of urine output for critically ill patients deemed hemodynamically unstable, for patients unable to reliably collect urine for strict measurements, for patients receiving large volumes of fluid and/or diuretics																								
No code - comfort care, hospice care, or palliative care																								
Immobility - physical immobilization required (e.g. spine instability, multiple traumatic injuries, pelvic fracture)																								
SIGNATURE/PRINTED NAME	Initial	SIGNATURE/PRINTED NAME	Initial	SIGNATURE/PRINTED NAME	Initial																			
<i>[Signature]</i>	<i>[Initial]</i>																							



Printed: 03/11/2016



AM ASSESSMENT
CRITICAL CARE RECORD

Date: 3-11-2016

TIME	NURSING GOALS FOR THE DAY <input type="checkbox"/> see Clinical Guidelines <input type="checkbox"/> Pt teaching documented in computer	PLANNED NURSING INTERVENTIONS	EVALUATION
3/11/16	admission oxygenation R/S/O Stable, Comfort	Monitor SpO2, RR, HR Vital signs, 1st	V/S. Room air, no IV. Transferred to Peds floor.
DISCHARGE PLANNING NEEDS Transfer to home level of care when medically stable.			
May Central Venous Catheter be removed Y or N or (NA)		May Urinary Catheter be removed Y or N or (NA)	
PERIPHERAL SITE		START DATE	CENTRAL SITES
1) Chond - 25 / 245 + 20 into LML		3/10/16	Internal Jugular
2) @ 45 IV chondy determined			Subclavian
3) from pt. Su. site.			Femoral
4)			Arterial Radial
5)			Arterial Femoral
SKIN	1. COLOR <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Flushed	2. TEMP <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	3. CHARACTER <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry
		4. TURGOR <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Shiny	5. MUCOUS MEMBRANE <input checked="" type="checkbox"/> Pink moist <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
			6. BREAKDOWN <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present Location _____ Describe _____ Current Braden <u>23</u>
CARDIAC	1. CAPILLARY REFILL <input checked="" type="checkbox"/> Brisk less than 3 sec <input type="checkbox"/> Sluggish greater than 3 sec	2. NECK VEINS <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Supine <input type="checkbox"/> Distended <input type="checkbox"/> 45 Degree	3. HEART TONES <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Muffled <input type="checkbox"/> Gallop <input type="checkbox"/> Clear
		4. MURMUR <input type="checkbox"/> Absent <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub	5. EDEMA <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Describe _____
RESPIRATORY	1. CHEST EXCURSION <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	2. STATUS <input type="checkbox"/> SOB <input checked="" type="checkbox"/> No distress <input type="checkbox"/> Labored <input type="checkbox"/> Access Muscles <input type="checkbox"/> Ventilated	3. BREATH SOUND ASSESSMENT LEFT RIGHT <input checked="" type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Rales <input type="checkbox"/> Diminished <input checked="" type="checkbox"/> Clear
	4. AIRWAY <input type="checkbox"/> Oral ETT <input type="checkbox"/> Trach <input type="checkbox"/> Nasal / Oral Airway	5. COUGH <input type="checkbox"/> Absent <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Non-Productive	6. SPUTUM Color _____ Consistency _____
		7. CHEST TUBE <input type="checkbox"/> Fluctuates <input type="checkbox"/> Clamped <input type="checkbox"/> Air Leak TYPE _____ Suction _____ Color _____	
GASTROINTESTINAL	1. ABDOMEN <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Tender <input checked="" type="checkbox"/> Non-tender Distended _____ cm girth (suction type: L M H Constant Inter)	2. BOWEL SOUNDS <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive	3. NG TUBE <input type="checkbox"/> R Nare <input checked="" type="checkbox"/> L Nare <input type="checkbox"/> Clamped <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Suction
		4. DRAINAGE Color _____ Character _____ <input type="checkbox"/> Emesis <input type="checkbox"/> Nausea	GU 1. VOIDING <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Catheter - Date Inserted: _____ <input type="checkbox"/> Securement device in place
		2. URINE Color <u>not assessed</u> Character _____	
Is Houdini Protocol ordered? Yes <input type="checkbox"/> No <input type="checkbox"/> If Houdini ordered, document on Standard of Care checklist			
EYES <input checked="" type="checkbox"/> Spontaneously (4) <input type="checkbox"/> To Speech (3) <input type="checkbox"/> To Pain (2) <input type="checkbox"/> None (1)	BEST VERBAL RESPONSE <input checked="" type="checkbox"/> Oriented (5) <input type="checkbox"/> Confused (4) <input type="checkbox"/> Inappropriate Word (3) <input type="checkbox"/> Incomprehensible Sounds (2) <input type="checkbox"/> None (1)	BEST MOTOR RESPONSE <input checked="" type="checkbox"/> Obey Commands (6) <input type="checkbox"/> Purposeful movement to Pain (5) <input type="checkbox"/> Withdrawal to Pain (4) <input type="checkbox"/> Flexion to Pain (3) <input type="checkbox"/> Extension to Pain (2) <input type="checkbox"/> No Response (1)	PUPILS LEFT RIGHT Size <u>3/4</u> <u>3/4</u> Reaction <u>+</u> <u>+</u> (Brisk/Sluggish/Fixed)
			6. LMB MOVEMENT RUE A = Normal LUE B = Slight Weak RLE C = Severe Weak LLE D = None
EYES <u>4</u> + VERBAL <u>5</u> + MOTOR <u>6</u> = TOTAL GLASCOW COMA SCALE (GCS)			
Confusion Assessment Method (CAM) - ICU <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unable to assess <u>pt < 540</u>		RN SIGNATURE: <u>P. Chen</u> TIME: <u>0740</u> NURSE PRINTED NAME: <u>Chen, Evelyn RN</u>	



Printed: 03/11/2016





PM ASSESSMENT CRITICAL CARE RECORD

Date: 3-11-2016

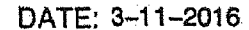
TIME	NURSING GOALS FOR THE DAY <input type="checkbox"/> see Clinical Guidelines <input type="checkbox"/> Pt teaching documented in computer	PLANNED NURSING INTERVENTIONS	EVALUATION
DISCHARGE PLANNING NEEDS			
May Central Venous Catheter be removed Y or N or NA		May Urinary Catheter be removed Y or N or NA	
PERIPHERAL SITE	START DATE	CENTRAL SITES	R START DATE L START DATE
1)		Internal Jugular	
2)		Subclavian	
3)		Femoral	
4)		Arterial Radial	
5)		Arterial Femoral	
SKIN	1. COLOR <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Flushed	2. TEMP <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	3. CHARACTER <input type="checkbox"/> Moist <input type="checkbox"/> Dry
		4. TURGOR <input type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Shiny	5. MUCOUS MEMBRANE <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
			6. BREAKDOWN <input type="checkbox"/> Absent <input type="checkbox"/> Present Location _____ Describe _____ Current Braden _____
CARDIAC	1. CAPILLARY REFILL <input type="checkbox"/> Brisk less than 3 sec <input type="checkbox"/> Sluggish greater than 3 sec	2. NECK VEINS <input type="checkbox"/> Flat <input type="checkbox"/> Supine <input type="checkbox"/> Distended <input type="checkbox"/> 45 Degree	3. HEART TONES <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Muffled <input type="checkbox"/> Gallop <input type="checkbox"/> Clear
			4. MURMUR <input type="checkbox"/> Absent <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub
			5. EDEMA <input type="checkbox"/> Present <input type="checkbox"/> Absent Describe _____
RESPIRATORY	3. STATUS <input type="checkbox"/> SOB <input type="checkbox"/> No distress <input type="checkbox"/> Labored <input type="checkbox"/> Access Muscles <input type="checkbox"/> Ventilated	4. BREATH SOUND ASSESSMENT LEFT <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Rales <input type="checkbox"/> Diminished <input type="checkbox"/> Clear	5. COUGH <input type="checkbox"/> Absent <input type="checkbox"/> Productive <input type="checkbox"/> Non-Productive
1. CHEST EXCURSION <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical		RIGHT <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Rales <input type="checkbox"/> Diminished <input type="checkbox"/> Clear	7. CHEST TUBE <input type="checkbox"/> Fluctuates <input type="checkbox"/> Clamped <input type="checkbox"/> Air Leak TYPE _____ Suction _____ Color _____
2. AIRWAY <input type="checkbox"/> Oral ETT <input type="checkbox"/> Trach <input type="checkbox"/> Nasal / Oral Airway			6. SPUTUM Color _____ Consistency _____
GASTROINTESTINAL	2. BOWEL SOUNDS <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive	3. NG TUBE <input type="checkbox"/> R Nare <input type="checkbox"/> L Nare <input type="checkbox"/> Clamped <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Suction	4. DRAINAGE Color _____ Character _____ <input type="checkbox"/> Emesis <input type="checkbox"/> Nausea
1. ABDOMEN <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Tender <input type="checkbox"/> Non-tender Distended _____ cm girth (suction type: L M H Constant Inter)			GU 1. VOIDING <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter - Date Inserted: _____ <input type="checkbox"/> Securement device in place 2. URINE Color _____ Character _____
Is Houdini Protocol ordered? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Houdini ordered, document on Standard of Care checklist			
EYES <input type="checkbox"/> Spontaneously (4) <input type="checkbox"/> To Speech (3) <input type="checkbox"/> To Pain (2) <input type="checkbox"/> None (1)	BEST VERBAL RESPONSE <input type="checkbox"/> Oriented (5) <input type="checkbox"/> Confused (4) <input type="checkbox"/> Inappropriate Word (3) <input type="checkbox"/> Incomprehensible Sounds (2) <input type="checkbox"/> None (1)	BEST MOTOR RESPONSE <input type="checkbox"/> Obey Commands (6) <input type="checkbox"/> Purposeful movement to Pain (5) <input type="checkbox"/> Withdrawal to Pain (4) <input type="checkbox"/> Flexion to Pain (3) <input type="checkbox"/> Extension to Pain (2) <input type="checkbox"/> No Response (1)	PUPILS LEFT RIGHT ____ Size ____ Reaction (Brisk/Sluggish/Fixed)
			LEMB MOVEMENT ____ RUE A = Normal ____ LUE B = Slight Weak ____ RLE C = Severe Weak ____ LLE D = None
EYES _____ + VERBAL _____ + MOTOR _____ = TOTAL GLASCOW COMA SCALE (GCS)			
Confusion Assessment Method (CAM) - ICU <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unable to assess		RN SIGNATURE: _____ TIME: _____	
		NURSE PRINTED NAME: _____	



Printed: 03/11/2016



NS0060



NURSES NOTES

[REDACTED]

NS0005

NN714

WILLIS-KNIGHTON HEALTH SYSTEM

AM VITAL SIGNS
Critical Care Record

Date: 3-10-2016

Richmond Agitation - Sedation Scale

- +4 COMBATIVE: immediate danger to staff, violent
 +3 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff
 +2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony
 +1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous
 0 ALERT AND CALM
 -1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice
 -2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice
 -3 MODERATE SEDATION: any movement (but no eye contact) to voice
 -4 DEEP SEDATION: no response to voice, but any movement to physical stimulation
 -5 UNAROUSABLE: no response to voice or physical stimulation

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER (0-4) CHILD
 O = ABSENT (1-10) ADULT

TIME	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
250												
240												
230												
220												
210												
200												
190												
180												
170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
50												
40												
BP: C=Cuff A=Arterial												
TIME	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM
HR											crying	184
BP												123/92
MAP												98
Total Resp Rate												44
Temperature												99.9A
PA SD												
PCW												
CVP												
CO/SVR												
Pulse OX												100%
Peripheral Pulse												2/2
Serum Blood Glucose												0/10
Pain Scale												NA
RASS Scale												

SIGNATURE *D Freeman, RN* INIT *D*

SIGNATURE

INIT

SIGNATURE

INIT

AS599
Rev 01/11

NS0060



10/01/2013 002Y 05M F
 Sharon Tran
 K32120206 03/10/2016 K.PICU11

Printed: 03/10/2016



WILLIS-KNIGHTON HEALTH SYSTEM

PM VITAL SIGNS
Critical Care Record

Date: 3-10-2016

Richmond Agitation - Sedation Scale

- +4 COMBATIVE: immediate danger to staff, violent
- +3 VERY AGITATED: pulls on/removes catheters or tubes; aggressive towards staff
- +2 AGITATED: frequent non-purposeful movement or patient/ventilator dyssynchrony
- +1 RESTLESS: anxious or apprehensive but movements not aggressive or vigorous
- 0 ALERT AND CALM
- 1 DROWSY: not fully alert, sustains >10 seconds awakening, with eye contact, to voice
- 2 LIGHT SEDATION: briefly, <10 seconds, awakens with eye contact to voice
- 3 MODERATE SEDATION: any movement (but no eye contact) to voice
- 4 DEEP SEDATION: no response to voice, but any movement to physical stimulation
- 5 UNAROUSABLE: no response to voice or physical stimulation

PERIPHERAL PULSE: 1 plus 2 plus

PAIN SCALE:

D = DOPPLER (0-4) CHILD
O = ABSENT (1-10) ADULT

TIME	7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM	
250													
240													
230													
220													
210													
200													
190													
180													
170													
160													
150													
140													
130													
120													
110													
100													
90													
80													
70													
60													
50													
40													
BP: C=Cuff A=Arterial													
TIME	7PM	8PM	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM	
HR	180		156		146		136		134		140		
BP	95/43												
MAP	66												
Total Resp Rate	40		42		36		38		40		42		
Temperature	101.2 Ax	101.4 Ax		99.2 Ax	98.8 Ax		97.9 Ax		98.2 Ax		99.1 Ax		
PA SD													
PCW													
CVP													
CO/SVR													
Pulse OX	100%		100%		100%		98%		98%		100%		
Peripheral Pulse	2/2		2/2		2/2		2/2		2/2		2/2		
Serum Blood Glucose													
Pain Scale	0/10		Asleep		Asleep		Asleep		0/10		Asleep		
RASS Scale	NA		NA		NA		NA		NA		NA		
SIGNATURE	Michael [Signature]					[Signature]					INIT	SIGNATURE	INIT

Michael [Signature]



NS0060



Printed: 03/10/2016

AS600
Rev 01/11

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU1 1



INTAKE & OUTPUT

Critical Care Record

Date: 3-10-2016

Yesterday's Intake		Yesterday's Output										Yesterday's Weight						Today's Weight 12.7kg									
INTAKE		8a	9a	10a	11a	12	1p	2p	3p	4p	5p	6p		7p	8p	9p	10p	11p	12	1a	2a	3a	4a	5a	6a		
IV D5 1/2 NS 1Kl												45	45	45	45	45	45	45	45	45	45	45	45	45	540		
IV meds																125			0.4		25			51.4			
PO														30					30					60			
7A - 7P INTAKE 45													7P - 7A INTAKE 651														
OUTPUT		8a	9a	10a	11a	12	1p	2p	3p	4p	5p	6p		7p	8p	9p	10p	11p	12	1a	2a	3a	4a	5a	6a		
URINE														130							351				481		
NG																											
STOOLS																											
CHEST TUBE																											
EMESIS																											
7A - 7P OUTPUT -													7P - 7A OUTPUT 481														
GRAND TOTAL		INTAKE TOTAL 696												OUTPUT TOTAL 481												BALANCE +215	
SIGNATURE		INIT SIGNATURE <i>Michael M</i>												INIT SIGNATURE <i>MM</i>												INIT	



NS0060



Printed: 03/10/2016



WILLIS-KNIGHTON HEALTH SYSTEM

RESPIRATORY / LABORATORY
Critical Care Record

Date: 3-10-2016

RESPIRATORY TIME	1800	1835	1900	2100	2000	0200	0400				
L/MIN	10L		10LPM								
APPARATUS	Vapotherm		Vapotherm								
VENT											
FIO2	60%	↓50%	50%	↓40%	↓38%	↓35%	↓30%				
MODE											
RATE											
TV											
PEEP/EP											
P.S./IPAP											
ABG pH											
PCO2											
PO2											
BE											
HCO3											
TCO2											
PULSE OX	100%	100%	100%	100%	100%	98%	98%				
LABORATORY TIME											
PLAT Q											
WBC											
HGB/HCT											
Ca/Ph											
GLU											
K+											
NA+											
CL-											
CO2											
BU/CR AT											
MG+											
PT/INR											
PTT											
Ionized Calcium											
MYOGLOBIN											
TROPONIN-I											
ACT											
SIGNATURE	S. Freeman, RN		Michael Muehlen, MM		INIT		SIGNATURE		INIT		



NS0060





STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-10-2016

LEGEND: Initial = Yes R = Refused Blank = Not Implemented

	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a
HYGIENE (every day / PRN)																								
ORAL CARE																								
EYE CARE																								
FOLEY CARE																								
LINE CHANGED																								
BATH (chlorhexidine gluconate/other)																								
MOVE / SENT																								
ROM (every 2 hr)																								
TURNUED (every 2 hr)																								
DANGLE (as ordered / PRN)																								
OOB (as ordered / PRN)																								
AMBULATED (as ordered / PRN)																								
TREATMENT																								
SKIN RISK ASSESSMENT (every 4 hr)																								
DRESSING-LSIT																								
RESPIRATORY																								
TCD INSPIR METER (IS per Rx)																								
SUC METER																								
ET/Tube (every shift)																								
GI																								
NG Tube PLACEMENT (every shift)																								
DIET (Amount Eaten-1/4, 1/2, 3/4, All)																								
EQUIPMENT (Upon Initiation and Every 4 hr)																								
FEEDING PUMP																								
WARMING COOLING UNIT																								
TEMP ROSE																								
POD																								
FALL PRECAUTIONS (every 12 hours) - (if fall scale indicates high risk)																								
FALL RISK																								
YELL																								
IV																								
IV SITE CHG (every 2 hr)																								
IV TUBING CHG																								
IV DSG CHG																								
PRESSUR SETUP CHANGED																								
LEV: EIV SQUARE WAVE TEST																								
VEIN (D PRN)																								
SIGNATURE/PRINTED NAME		Initial	SIGNATURE/PRINTED NAME		Initial	SIGNATURE/PRINTED NAME		Initial																
S. Freeman, RN			Michael M. Nguyen																					



Printed: 03/10/2016

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11



WV HOSPITAL SYSTEM

STANDARDS OF CARE CHECKLIST

Critical Care Record

Date: 3-10-2016

Legend: Initial = Yes R = Refused Blank = Not Implemented

	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a
SAFE (check for) he (r)																								
PATIENT MONITORING AUDIBLE																								
BED GUARD POSITION																								
SIDE RAIL UP																								
CALL LIGHTS EACH																								
HOB POSITION degrees																								
ISOLATION																								
CAT																								
DRUGS																								
AIRBO (check for) active pressure																								
confirm																								
ALARM (Numeric value every 12 hours and if changed)																								
EKG H																								
EKG L																								
SYSTOLIC																								
SYSTOLIC V																								
MAP H																								
MAP L																								
DIASTOLIC H																								
DIASTOLIC L																								
DIPLOMA																								
O. V																								
LAST																								
HOUD (Assess for qualifying criteria for indwelling urinary catheter now and every shift)																								
Hematuria																								
Obstruction																								
Urology (check for) urinary catheter, chronic indwelling catheter on admission (days)																								
Decub (check for) sacral or incontinent																								
Int (check for) accurate output for (check for) catheter, for (check for) collect urine (check for) patients (check for) fluid an/or																								
Neod (check for) catheter																								
Immob (check for) spine																								
Instab (check for) catheter																								
Injur (check for) catheter																								
SIGNATURE/PRINTED NAME	Initial SIGNATURE/PRINTED NAME											Initial SIGNATURE/PRINTED NAME												
Sharon Tran, RN	Michael Murphy, RN																							



Printed: 03/10/2016

AM ASSESSMENT
CRITICAL CARE RECORD

Date: 3-10-2016

NURSING GOALS FOR THE DAY Clinical Guidelines Pt teaching documented in computer		PLANNED NURSING INTERVENTIONS	EVALUATION
1800	Oxygenation Safety	Monitor VS, Vapotherm, PT, meds alarms, VS, 2+ID, silateral	RA-40's SpO2 100% on Vapotherm
DISCHARGE PLANNING NEEDS			
Transfer to lower level of care or D/C home when medically stable			
May Central Catheter be removed Y or N or NA		May Urinary Catheter be removed Y or N or NA	
PE	START DATE	CENTRAL SITES	R START DATE
1) (E) hand	3/10/16	Internal Jugular	
2)		Subclavian	
3)		Femoral	
4)		Arterial Radial	
		Arterial Femoral	
SKIN	2. TEMP	3. CHARACTER	4. TURGOR
	<input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Shiny
			5. MUCOUS MEMBRANE
			<input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
			6. BREAKDOWN
			<input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present Location _____ Describe _____ Current Braden 23
CAP	2. NECK VEINS	3. HEART TONES	4. MURMUR
	<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Supine <input type="checkbox"/> Distended <input type="checkbox"/> 45 Degree	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Muffled <input type="checkbox"/> Gallop <input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Absent <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub
			5. EDEMA
			<input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Describe _____
RESP	3. STATUS	4. BREATH SOUND ASSESSMENT	5. COUGH
	<input type="checkbox"/> SOB <input type="checkbox"/> No distress <input type="checkbox"/> Labored <input checked="" type="checkbox"/> Access Muscles <input type="checkbox"/> Ventilated	LEFT RIGHT <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Rales <input type="checkbox"/> Diminished <input type="checkbox"/> Clear	<input type="checkbox"/> Absent <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Non-Productive
			6. SPUTUM
			Color _____ Consistency _____
			7. CHEST TUBE
			<input type="checkbox"/> Fluctuates <input type="checkbox"/> Clamped <input type="checkbox"/> Air Leak TYPE _____ Suction _____ Color _____
GAS	2. BOWEL SOUNDS	3. NG TUBE	4. DRAINAGE
	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive	<input type="checkbox"/> R Nare <input type="checkbox"/> L Nare <input type="checkbox"/> Clamped <input type="checkbox"/> Tube Feeding <input checked="" type="checkbox"/> Suction	Color _____ Character _____ <input type="checkbox"/> Emesis <input type="checkbox"/> Nausea
			GU
			1. VOIDING <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent Catheter - Date Inserted: _____ <input type="checkbox"/> Securement device in place
			2. URINE Color NA Character NA
			3. ST VERBAL RESPONSE
			<input checked="" type="checkbox"/> Oriented (5) <input type="checkbox"/> Confused (4) <input type="checkbox"/> Inappropriate Word (3) <input type="checkbox"/> Incomprehensible Sounds (2) <input type="checkbox"/> None (1)
			4. BEST MOTOR RESPONSE
			<input checked="" type="checkbox"/> Obey Commands (6) <input type="checkbox"/> Purposeful movement to Pain (5) <input type="checkbox"/> Withdrawal to Pain (4) <input type="checkbox"/> Flexion to Pain (3) <input type="checkbox"/> Extension to Pain (2) <input type="checkbox"/> No Response (1)
			5. PUPILS
			LEFT RIGHT 3.5 3.5 Size B B Reaction (Risk/Sluggish/Fixed)
			6. LIMB MOVEMENT
			RUE A = Normal LUE B = Slight Weak RLE C = Severe Weak LLE D = None
EYE	TOTAL GLASCOW COMA SCALE (GCS)		
	RN SIGNATURE: S Freeman, RN		
	NURSE PRINTED NAME: S Freeman, RN		
	TIME: 1800		



Printed: 03/10/2016

HENDERSON, AALIYAH L

10/01/2015 002Y 05M

Sharon T. n

K321202 03/10/2016 K.PICU11



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WILLIS-KNIGHTON HEALTH SYSTEM

PM ASSESSMENT
CRITICAL CARE RECORD

Date: 3-10-2016

TIME	NURSING GOALS FOR THE DAY <input type="checkbox"/> see Clinical Guidelines <input type="checkbox"/> PT teaching documented in computer	PLANNED NURSING INTERVENTIONS	EVALUATION
1900	Adequate Oxygenation Safety + comfort	Monitor VS to O2 sat meds. Provide safe environment	Febrile x1 Vomited x1 Safety + comfort maintained.
DISCHARGE PLANNING NEEDS			
TO lower level of care when medically stable			
May Central Venous Catheter be removed Y or N or <u>NA</u>		May Urinary Catheter be removed Y or N or <u>NA</u>	
PERIPHERAL SITE	START DATE	CENTRAL SITES	R START DATE
1) <u>Left hand</u>	<u>3/10/16</u>	Internal Jugular	
2)		Subclavian	
3)		Femoral	
4)		Arterial Radial	
5)		Arterial Femoral	
SKIN	1. COLOR <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Flushed	2. TEMP <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	3. CHARACTER <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry
		4. TURGOR <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Loose <input type="checkbox"/> Tight <input type="checkbox"/> Shiny	5. MUCOUS MEMBRANE <input checked="" type="checkbox"/> Pink/Moist <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
			6. BREAKDOWN <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present Location <u>NA</u> Describe <u>NA</u> Current Braden <u>NA</u>
CARDIAC	1. CAPILLARY REFILL <input type="checkbox"/> Risk less than 3 sec <input type="checkbox"/> Sluggish greater than 3 sec	2. NECK VEINS <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Supine <input type="checkbox"/> Distended <input type="checkbox"/> 45 Degree	3. HEART TONES <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Muffled <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Clear
		4. MURMUR <input type="checkbox"/> Absent <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> Rub	5. EDEMA <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Describe <u>NA</u>
RESPIRATORY	1. CHEST EXCURSION <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical	2. STATUS <input type="checkbox"/> SOB <input type="checkbox"/> No distress <input type="checkbox"/> Labored <input checked="" type="checkbox"/> Access Muscles <input type="checkbox"/> Ventilator <input type="checkbox"/> Tachypnea	3. BREATH SOUND ASSESSMENT LEFT RIGHT <input type="checkbox"/> Wheeze <input type="checkbox"/> Rhonchi <input type="checkbox"/> Rales <input type="checkbox"/> Diminished <input checked="" type="checkbox"/> Clear
	4. AIRWAY <input type="checkbox"/> Oral ETT <input type="checkbox"/> Trach <input type="checkbox"/> Nasal / Oral Airway	5. COUGH <input type="checkbox"/> Absent <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Non-Productive	6. SPUTUM Color <u>NA</u> Consistency <u>NA</u>
		7. CHEST TUBE <input type="checkbox"/> Fluctuates <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Air Leak TYPE <u>NA</u> Suction <u>NA</u> Color <u>NA</u>	
GASTROINTESTINAL	1. ABDOMEN <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Tender <input checked="" type="checkbox"/> Non-tender Distended _____ cm girth (suction type: L M H Constant Inter)	2. BOWEL SOUNDS <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive	3. NG TUBE <input type="checkbox"/> R Nare <input type="checkbox"/> L Nare <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Tube Feeding <input type="checkbox"/> Suction
		4. DRAINAGE Color <u>NA</u> Character <u>NA</u> <input type="checkbox"/> Emesis <input type="checkbox"/> Nausea	GU 1. VOIDING <input type="checkbox"/> Continent <input checked="" type="checkbox"/> Incontinent Catheter - Date Inserted: _____ <input type="checkbox"/> Securement device in place
		2. URINE Color <u>Diapers</u> Character <u>NA</u>	
Is Houdini Protocol ordered? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Houdini ordered, document on Standard of Care checklist			
EYES <input checked="" type="checkbox"/> Spontaneously (4) <input type="checkbox"/> To Speech (3) <input type="checkbox"/> To Pain (2) <input type="checkbox"/> None (1)	BEST VERBAL RESPONSE <input checked="" type="checkbox"/> Oriented (5) <input type="checkbox"/> Confused (4) <input type="checkbox"/> Inappropriate Word (3) <input type="checkbox"/> Incomprehensible Sounds (2) <input type="checkbox"/> None (1)	BEST MOTOR RESPONSE <input checked="" type="checkbox"/> Obey Commands (6) <input type="checkbox"/> Purposeful movement to Pain (5) <input type="checkbox"/> Withdrawal to Pain (4) <input type="checkbox"/> Flexion to Pain (3) <input type="checkbox"/> Extension to Pain (2) <input type="checkbox"/> No Response (1)	PUPILS LEFT RIGHT <u>3</u> <u>3</u> Size <u>TE</u> <u>TE</u> Reaction (Brisk/Sluggish/Fixed)
			UMB MOVEMENT <u>A</u> RUE A = Normal <u>A</u> LUE B = Slight Weak <u>A</u> RLE C = Severe Weak <u>A</u> LLE D = None <u>NAE</u>
EYES <u>4</u> + VERBAL <u>5</u> + MOTOR <u>5</u> = <u>14</u> TOTAL GLASGOW COMA SCALE (GCS)			
Confusion Assessment Method (CAM) - ICU <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Unable to assess		RN SIGNATURE: <u>Michael Hughes</u> TIME: <u>1900</u> NURSE PRINTED NAME: <u>Michael Hughes</u> <u>1900</u>	

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IO band secure

Printed: 03/10/2016



060928

DATE: 3-10-2016

NURSES NOTES

3/10/16 1755 Admitted to PICU I from PEDS floor. Placed in nil + CR/Pr monitor placed. Crying steadily. Resp. slightly tachypneic. Bil wheezing. Abdominal muscle use. No nasal flaring. PIV site to L hand 5 redness or edema \pm D₅ 1/2 NS + 20 KCl @ 45cc/hr PPPx4 and strong \pm good perfusion. Mom + Aunt \pm bedside. Vapotherm in use (see RT flow sheet). VSS — *M. J. Ryan RN*

1900 Rec'd Aaliyah awake & fussy in pediatric \pm SKRT. Color pink. Pupils 3mm = RT. Tachypneic. O₂ 10 LPM — 50%. FIO₂ per Vapotherm same. BBS \pm wheezing throughout. Mild subcostal retractions noted. Cap Refill \leq 3 sec — PPPx4. MAE Perfusion good. ST sectopy then + tone strong & regular. Abdomen soft/nondistended. BBS \pm skin w/o to touch. Skin turgor elastic. Oral mucosa moist & pink. PIV (L) hand same \pm D₅ 1/2 NS + 20 meq KCl @ 45cc/hr infusing 5 redness or edema to site. Family @ bedside. Plm \pm & can be discurred. No needs \pm present. CR monitor \pm POx same \pm alarm on O₂ sat 100%. Resp therapy @ bedside giving aerosol tx. — *M. J. Ryan RN*

2050 Spoke \pm Dr. Tran. New orders noted. Temp 101.4 \pm & vomited x1, mostly mucous. Zofran 2mg IV given. Tylenol 180mg PR given. — *M. J. Ryan RN*

2100 Mag Sulfate 650 mg IV infusing over 15 minutes per prep. Resp therapy @ bedside giving tx. — *M. J. Ryan RN*

2300 Asleep. Resp agent unlabeled VSS. O₂ same. IV infusing 5 redness or edema to site. Alarms on Mon asleep @ bedside. — *M. J. Ryan RN*

2355 Resp therapist @ bedside giving aerosol tx. — *M. J. Ryan RN*

0000 SoluMedrol 15mg IV given. — *M. J. Ryan RN*

0200 Resp therapist @ bedside giving aerosol tx. — *M. J. Ryan RN*



Printed: 03/10/2016

HENDERSON, AALIYAH L
 10/01/13 002Y 05M F
 Sharon Tran
 K3212 03/10/2016 K.PICU1 1



NURSES NOTES

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NS0005



Printed: 03/10/2016

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11

NN714

WILLIS-KNIGHTON HEALTH SYSTEM

Nursing Care Plan

Plan of Care Bronchitis

Related Health Problems: SOB Status Asthmaticus

Discharge Criteria/Goals:	Met (Date & Sign)	Compensation/Response
1. Will have no signs/Sx of bronchitis 2. Will return to normal ADL 3. No further SOB	1. 2. Met 3/11/16 3.	1. Counted 2. 1420 3. Homeland 75-72-120 4. RM 554
Teaching Needs/Goals:		
1. Medication side effects/rationale/dosage 2. When to seek medication assistance 3. Recognize signs/symptoms of bronchitis	1. 2. 3.	

(Actual, Potential, Resolved)

A/P/R (date & sign)	Nursing Diagnosis	Nursing Interventions	Charting/ Evaluation Frequency	Goals	Target Date
3/10/16 A Sharon	Ineffective gas exchange related to disease process	Monitor VS/O2 SAT Sputum texture Lab values Respiratory treatment Notify MD prn Administer meds O2	q 4 hr prn q day prn prn prn	Adequate ventilation	3/15/16 Mogen
3/10/16 P Sharon	Ineffective airway clearance related to ineffective coughing	Encourage coughing, turning, deep breathing Encourage incentive Spirometer use Adequate hydration Administer meds	q 2 hr prn q 2 hr prn prn	Adequate clearance of sputum from airways	3/15/16 Mogen
3/10/16 A Sharon	Activity intolerance related to disease process	Bedrest/up c/assist Monitor for fatigue Encourage nutrition Administer meds prn	prn prn prn prn	Assist until able to return to ADL	3/15/16 Mogen
3/10/16 P Sharon	Potential for injury related to fall	1. bed in low position 2. Call light in reach 3. Side rail up 4. Bed alarms/magnetic alarms on and audible 5. Assess for confusion	q 1-2 hours & prn	patient will be free from injury	3/15/16 Mogen

CP930
Rev 08/06



CP0005



Printed: 03/10/2016

10/01/2013 002Y 05M F
Sharon Tran
K32120206 03/10/2016 K.PICU11



WILLIS-KNIGHTON HEALTH SYSTEM

PEDIATRIC SECURITY INFORMATION SHEET

Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

1. A responsible adult should be with a child 12 years or younger at all times.
2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
3. Pediatric patients must have an identification band on the wrist or foot at all times.
4. All Pediatric Nursing staff wear:
 - a. galaxy blue scrubs and lab jacket with pediatric theme
 - b. a WKHS ID badge with their picture on it.
5. **Never leave your child alone or unsupervised in your room.** Also, keep your door to your room closed at all times.
6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE: [Signature]

WITNESS: [Signature]

DATE/TIME: 3/10/16 1500

Printed: 03/10/2016

RUN DATE: 03/12/16
 RUN TIME: 1557
 RUN USER: COOKC4.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 1

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L
 Account #: K32120206
 Admit Date: 03/10/16
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 05M F
 Unit #: K000629504
 Location: 5ES
 Room/Bed: K.E5514-1

Pt's Chief Complaint: TROUBLE BREATHING
 *Functional Level Prior To Admit: Dependent
 Expected Therapy/Outcome: FREE FROM SYMPTOMS

Brief Summary Of Hospital Stay: IV ANTIBIOTICS, IV FLUIDS, SOLUMEDROL, DIET, COMFORT,
 ; SAFETY, BREATHING TREATMENTS, CR MONITOR, LAB WORK, XRAY

Discharge Diag./Complications: STATUS ASTHMATICUS, VIRAL ILLNESS, RESP FAILURE (RESOLVED)

---DISCHARGE VITAL SIGNS---

Blood Pressure: 112/64 Heart Rate: 117 Resp. Rate: 28
 Temp: 98.4 Type Of Temperature: Axillary
 Heparin Lock Removed: YES Telemetry Removed: YES

---DISCHARGE FOLLOW UP---

Appt. With:	Pt/Fam Make Appt In:
Appt. With:	Pt/Fam Make Appt In:
Appt. With:	Pt/Fam Make Appt In:
Appt. With:	Pt/Fam Make Appt In:
Appt. With: PRIMARY CARE PHYSICIAN	Pt/Fam Make Appt In: 1 WEEK
Referral To: *PT:N *OT:N *CR:N Hospice: N*SS: N *RH:N	*Diet Cnst:N *RT:N *ST:N

---DISCHARGE ACTIVITY---

Functional Level On Discharge: Dependent
 Resume Normal Activity: Y Restricted Activity For:
 Restricted Activity: Not Applicable DOC:
 Hygiene Restrictions: Not Applicable
 Diet Restrictions: REGULAR

---TAKE HOME MEDICATIONS -----

NAME/DOSE	TIMES	SPECIAL INSTRUCTIONS
: ORAPRED 15MG/5ML	GIVE 4ML BY MOUTH TWICE A DAY FOR 3 DAYS.	
: ALBUTEROL 2.5/3ML	GIVE 3ML VIA NEBULIZER EVERY 4-6 HOURS AS NECESSARY	
: FOR WHEEZING.		
: ZITHROMAX 65MG (3.25ML)	GIVE 3.25ML BY MOUTH EVERY DAY FOR 2 DAYS.	
: TYLENOL 180MG (5.62ML)	GIVE BY MOUTH EVERY 4 HOURS AS NECESSARY FOR	
: TEMPERATURE > 101 DEGREES.		

---TAKE HOME MEDICATIONS CONTINUED-----

NAME/DOSE	TIMES	SPECIAL INSTRUCTIONS
:		
:		
:		
:		
:		

RUN DATE: 03/12/16
 RUN TIME: 1557
 RUN USER: COOKC4.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 2

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L
 Account #: K32120206
 Admit Date: 03/10/16
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 05M F
 Unit #: K000629604
 Location: SES
 Room/Bed: K.E5514-1

Is Fall Risk Score 12 or higher (Adult) 3 or higher (Ped): Y

Verbalizes Understanding Of Discharge Instructions: Y

Return Demonstration Of Discharge Instructions: Y

Valuables Returned From Business Office: Nevertaken to Bus. office

Records Sent With Patient: N Records:

Discharged Per: Parent Arms

Discharged To: Parent/Guardian

Mode Of Transportation: Automobile

Accompanied By: FAMILY AND STAFF

---DISCHARGE SKIN ASSESSMENT---

I verify that I have performed a complete skin assessment and documented all findings below.
 Skin Temp/Character: Warm & Dry

Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin
 Description lookup and/or Free Text for EACH.
 If >10 locations, document remaining in a Patient Note.

LOCATION

SKIN DESCRIPTION

:
:
:
:
:
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FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):
 :SKIN INTACT NO BREAKDOWN NOTED
 :

RUN DATE: 03/12/16
 RUN TIME: 1557
 RUN USER: COOKC4.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 3

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L
 Account #: K32120206
 Admit Date: 03/10/16
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 05M F
 Unit #: K000629604
 Location: 5ES
 Room/Bed: K.E5514-1

	1	2	3	4
SENS PERCEP	Completely Limited	Very Limited	Slightly Limited	No Impairment
MOISTURE	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent
FRICT/SHEAR	Problem	Potential Problem	No Apparent Problem	

Sensory Perception: 4 - No Impairment
 Moisture: 4 - Rarely Moist
 Activity: 4 - Walks Frequently
 Mobility: 4 - No Limitation
 Nutrition: 3 - Adequate
 Friction/Shear: 3 - No Apparent Problem

Total Braden Scale Score: 22

DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY

Discharge Material Given: DISCHARGE INSTRUCTIONS EXPLAINED AND GIVEN
 Discharge Material Given: TO MOM.
 Discharge Material Given: PRESCRIPTION FOR ALBUTEROL & ORAPRED GIVEN
 Discharge Material Given: TO MOM.
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:

Cardiopulmonary Home Care Instructions Provided: Dialysis patient:

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

**REMINDER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Yes

Is there an MD order to leave in place:

Foley Catheter removed: Not Applicable

Is there an MD order to leave in place:
 Was catheter inserted on this admit:

RUN DATE: 03/12/16
RUN TIME: 1557
RUN USER: COOKC4.NS

Willis-Knighton South Nursing **LIVE**
PATIENT ASSESSMENT

PAGE 4

INTERDISC DISCHARGE - WKB/P/S

Patient: [REDACTED] L
Account #: K32120206
Admit Date: 03/10/16
Status: ADM IN
Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 05M F
Unit #: K000629604
Location: 5ES
Room/Bed: K ES514-1

PICC line removed: Not Applicable Is there an MD order to leave in place: N
Is Home Health set up to care for PICC Line at home:
Was PICC flushed and dressing changed according to policy:
Were PICC Line Home Care Instructions given to patient:

If any other devices were left in place, describe:

*** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) ***

*** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) ***

*** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***

Department:

If pt. delivered baby while in hospital, enter Blood types:

PATIENT BLOOD TYPE :

Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature: [Signature]

Time Of Discharge:

Nurse Signature: CASSANDRA POLLARD, RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Occurred Date: 03/12/16

Monogram: CJP

Initials: COOKC4.NS

Name: POLLARD, CASSANDRA J

Occurred Time: 1544

Nurse Type: RN

WILLIS-KNIGHTON HEALTH SYSTEM
Fall Prevention Guidelines for Pediatric Patient and Family

Accidental falls may occur in the hospital. These accidents are as distressing to hospital personnel as they are to the patient. Our health care team of nurses, doctors, physical therapists, and assistants are here to assist you and your child in a safe and speedy recovery. Your participation and cooperation with this program will help you to prevent unnecessary injury.

- * Adult supervision is required for all children age 12 and under
- * Keep ID band on child
- * Notify nursing staff when assistance is needed for toileting or other needs
- * Keep bed in low position and keep side rails up to the top of the crib when child is in crib
- * Have child wear anti-slip footwear when ambulating
- * Keep restroom light or night light on during the night
- * Keep room as clutter free as possible, allowing for clear pathways for your child to ambulate



██████████ L
10/01/13 2Y 05M K.B5502-1
Tran, Sharon N M.D.
K32120206 03/10/16

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 03/10/16

Admission Time: 0648

AM3349_1
Page 1 of 2

AM0005

10/01/13 2Y F
Haynes, Andrew T M.D.
K32120206 03/10/16

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

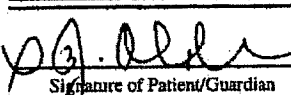

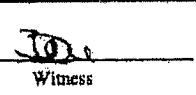
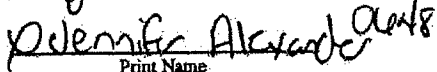

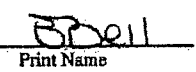
7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	<u>3.10.16</u>		<u>3.10.16</u>		<u>3.10.16</u>
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
					
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of
Authorized Party

Authorized Party's
Relationship to the Patient

Date/Time

Witness

Date/Time

Admission Date: 03/10/16
Admission Time: 0648
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



HENDERSON
10/01/13 2Y F
Haynes, Andrew T M.D.
K32120206 03/10/16

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K31877657

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD
ADDRESS:ARRIVED FROM: C
ATTENDING PHYS: Aycock II, Richard A M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K31877657
ROOM:
STATUS: REG ERDATE: 12/31/15
TIME: 2036
SERV/LOC: ERSUNIT#: K000629604
F/C: MA
SS#:PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADDOPARISHBIRTHDATE: 10/01/13
AGE: 2Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLEEMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS WHEEZING >1YEAR
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: PETERS.AM



K31877657

3004

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 yrs Sex: Female DOB: 10.01.2013
Arrival Date: 12/31/2015 Time: 20:36
Bed 16-B

MRN: 1116206
Account#: K31877657
Private MD: Allen, Scott

HPI:

12/31 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, raa
21:03 cough, that is intermittent, with no sputum, wheezing, described as moderate. Onset: The
symptoms/episode began/occurred today. Associated signs and symptoms: Pertinent positives: congestion,
cough, fever, shortness of breath, wheezing. Pertinent negatives: seizure, vomiting. Modifying factors: The
patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment
prior to arrival: albuterol nebulizer. The patient has experienced similar episodes in the past, several times.
The patient has been recently seen by a physician: The patient has been recently seen at a Willis Knighton
Emergency Department, last week, for similar complaints was given a prescription for antibiotics.

Historical:

- Allergies: No known drug Allergies;
- Home Meds:
 1. Albuterol Nebulizer as needed
- PMHx: None
- PSHx: None

Historical:

20:55 Family history: Pertinent for; recent upper respiratory infection symptoms, mother and grandmother. jaw1
Immunization history: Childhood immunizations up to date.
21:03 The history from nurses notes was reviewed and confirmed. raa

ROS:

21:03 **Constitutional:** Positive for fever, Negative for body aches, chills, fussiness. **ENT:** Positive for nasal raa
discharge, Negative for ear pain. **Neck:** Negative for stiffness, swollen nodes. **Respiratory:** Positive for
cough, shortness of breath, wheezing. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting,
diarrhea. **GU:** Negative for bladder incontinence, burning with urination, difficulty urinating, dysuria flank
pain, foul smelling urine. **Skin:** Negative for rash. **Neuro:** Negative for altered mental status, dizziness, gait
disturbance, headache, numbness, tingling, weakness. ROS as in the HPI. and all other systems were
reviewed negative, or noncontributory.

Exam:

21:03 raa
Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute
distress.
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light. extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema.
ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal
and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or
evidence of obstruction. uvula midline. Mucous membrane
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
abnormal lymphadenopathy noted by palpation in the neck or axilla
Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
PMI, no JVD. No pulse deficits.
Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,
rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.
Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.
Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.
MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Physician Documentation Con't.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait.

Respiratory: Respirations: labored breathing, that is moderate. accessory muscle usage, that is moderate. Breath sounds: wheezing, that is moderate, is scattered.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
20:38		170		97.3(TE)		11.48 kg / 25 lbs 5 oz	34 in. (86 cm)		hp1
21:03					94% on R/A				jaw1
21:04		110							jaw1
21:13					100% on 2% Mask: Aerosol Mask				jaw1
21:35					94% on R/A				jaw1
23:02					95% on R/A				jaw1
23:06					95% on R/A				jaw1
23:16					89% on R/A				jaw1
23:21					92% on R/A				jaw1
23:25					92% on R/A				jaw1
23:26					94% on R/A				jaw1
23:31					88% on R/A				jaw1
23:36					84% on R/A				jaw1
23:41					100% on 10% Aerosol Mask				jaw1
23:46					100% on 10% Aerosol Mask				jaw1
23:51					100% on 10% Aerosol Mask				jaw1
23:56					96% on 10% Aerosol Mask				jaw1
01/01 00:06					99% on 10% Aerosol Mask				jaw1
00:16					100% on 10% Aerosol Mask				jaw1
00:39					100% on 10% Mask: Aerosol Mask				jaw1
00:43			46 Spontaneous						jaw1
00:46					99% on 10% Aerosol Mask				jaw1
00:51					100% on 10% Aerosol Mask				jaw1
01:32		170			95% on 10% Aerosol Mask				jaw1

12/31
20:38 Patient crying and screaming in triage. Unable to get BP, difficulty with other vitals.

hp1

Name: Aaliyah

MRN: 1116206

Account#: K31877657

Print Time 10/1 2019 12:48:37

Page 2 of 5

*Physician Documentation Con't.***Glasgow Coma Score:**

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:38	spontaneous(4)	oriented(5)	obeys commands(6)		15	hp1

MDM:

21:00 Patient medically screened.

raa

21:03

raa

Differential diagnosis: bacterial infection, bronchitis, pneumonia URI, viral infection, reactive airway.**Data reviewed:** vital signs, nurses notes, lab test result(s), CBC, radiologic studies, plain films.**Counseling:** I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.**ED course:** MDM-.

01/01

raa

00:01 **Data interpreted:** Pulse oximetry: Interpretation: hypoxia.**Medication response:** albuterol nebulizer treatment(s) partially relieved the patient's wheezing.**Response to treatment:** the patient's symptoms have mildly improved after treatment.**Physician consultation:** Dr. Steven Conrad MD regarding admission, patient's condition, after a discussion of the case, a recommendation for transfer for higher level of care is made.**Admission orders:** after a detailed discussion of the patient's condition and case, the admit orders are written by me.**ED course:** MDM-CRITICAL CARE ACTIONS include repeated neb txs, po steroids, and admission. no picu beds at wks so will transfer to university hospital. accepted by dr conrad.

Order	Status	Time	By	For				
CBC With Diff	Ordered	12/31/15 20:59	raa	raa				
	Reviewed	12/31/15 21:43	Richard Aycock II					
Notes:	Order Method: Electronic							
Interpretation: Normal Except: White Blood Cel 19.0.								
COLLECTED BY NURSE? (Y/N) (OELBCBN): No								
Ordering Location: ERNPC1.1								
Quantity 1: 1								
Order	Status	Time	By	For				
Call X-Ray Tech	Ordered	12/31/15 20:59	raa	raa				
	Completed	12/31/15 21:03	Kristen Gray					
Notes:	Order Method: Electronic							
Order	Status	Time	By	For				
Chest 2 View *routine*	Ordered	12/31/15 20:59	raa	raa				
	Reviewed	12/31/15 23:26	Richard Aycock II					
Notes: Bed Name: 16-B	Order Method: Electronic							
Interpretation: normal., normal., no acute changes, normal. no acute changes. normal.								
ER EXAM ROOM/BED: (OERDERRMBD): 16-B								

Name: Aaliyah

MRN: 1116206

Account#: K31877657

Print Time: 10/1/2019 12:48:37

Page 3 of 5

Physician Documentation Con't.

MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
Xopenex 0.31 mg Inhalation once; (pediatric dose)	Ordered	12/31/15 20:59	raa	raa
	Administered	12/31/15 21:03	jaw1	
Notes:	Order Method: Electronic			
12/31/15 21:03 Administered: Xopenex 0.31 mg Inhalation				jaw1
12/31/15 21:13 Follow Up: Pulse Ox 100% 2% Mask: Aerosol Mask: Response: No Adverse Reaction; Tolerated well				jaw1
Order	Status	Time	By	For
Xopenex 0.31 mg Inhalation once; (pediatric dose)	Ordered	12/31/15 20:59	raa	raa
	Administered	12/31/15 21:19	jaw1	
Notes:	Order Method: Electronic			
12/31/15 21:19 Administered: Xopenex 0.31 mg Inhalation				jaw1
12/31/15 21:35 Follow Up: Pulse Ox 94% RA; Response: No Adverse Reaction; Respiratory status unchanged; Tolerated well				jaw1
Order	Status	Time	By	For
Orapred 1.5 tsp PO once	Ordered	12/31/15 20:59	raa	raa
	Administered	12/31/15 21:19	jaw1	
Notes:	Order Method: Electronic			
12/31/15 21:19 Administered: Orapred 1.5 tsp PO				jaw1
12/31/15 22:15 Follow Up: Response: No Adverse Reaction; Tolerated well				jaw1
Order	Status	Time	By	For
Xopenex 0.31 mg Inhalation once; (pediatric dose)	Ordered	12/31/15 21:48	raa	raa
	Administered	12/31/15 21:56	jaw1	
Notes:	Order Method: Electronic			
12/31/15 21:56 Administered: Xopenex 0.31 mg Inhalation				jaw1
12/31/15 23:02 Follow Up: Pulse Ox 95% RA; Response: No Adverse Reaction; Respiratory status unchanged; Tolerated well				jaw1
Order	Status	Time	By	For
COLLECT SWAB	Ordered	12/31/15 21:48	raa	raa
	Completed	12/31/15 22:01	Jennifer Wright	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
Influenza and RSV Panel by PCR	Ordered	12/31/15 21:48	raa	raa

Name: Aaliyah

MRN: 1116206

Account#: K31877657

Print Time 10/1/2019 12:48:37

Page 4 of 5

Physician Documentation Con't.

	Reviewed	12/31/15 23:26	Richard Aycock II	
Notes:	Order Method: Electronic			
Interpretation: Normal.				
Order	Status	Time	By	For
Albuterol 0.5 unit dose Inhalation once	Ordered	12/31/15 23:39	jaw1	raa
	Administered	12/31/15 23:58	jaw1	
Notes:	Order Method: Verbal - Read back			
	Sign off: Aycock II, Richard 12/31/15 23:38			
12/31/15 23:58	Administered: Albuterol 0.5 unit dose Inhalation			jaw1
01/01/16 00:39	Follow Up: Pulse Ox 100% 10% Mask: Aerosol Mask: Response: No Adverse Reaction; Tolerated well			jaw1

Order Signatures:

Aycock II, Richard, MD MD raa Wright, Jennifer, RN RN jaw1

Disposition:

00:01 Electronically signed by: R Aycock MD. Electronically signed by: R Aycock MD. raa

Disposition:

01/01/16 00:04 Transfer ordered to LSU/Ochsner Shreveport. Diagnosis is Reactive Airway.

- Accepting physician is conrad.
- Condition is Stable.
- Problem is new.
- Symptoms have improved.

Critical Care Time Excluding Procedures:

00:03 Critical care time: Consultation: 5 minutes. Family Intervention: 10 minutes, Patient Care: 45 minutes, Documentation: 5 minutes. Total time: 65 minutes raa

Signatures:

Aycock II, Richard, MD MD raa Gray, Kristen, ED Tech ED Tech kg1
Pitarro, Holly, RN RN hp1 Wright, Jennifer, RN RN jaw1

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 12/31/2015 Time: 20:36
Bed 16-B

Willis Knighton South

MRN: 1116206
Account#: K31877657
Private MD: Allen, Scott

Presentation:

12/31 Method of Arrival: Carried. hp1
20:37
20:38 Preferred language for medical communication is English. Presenting complaint: Mother states: She's got cough, cold, congestion, wheezing, and fever. It started today, but she was here on the 24th for an URI. hp1
Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Tylenol, 1 hour PTA, albuterol 1 hour PTA.
20:40 Acuity: 3 - Urgent. hp1

Triage Assessment:

20:38 **General:** Appears in no apparent distress, well developed, well nourished, well groomed, uncomfortable, hp1
Behavior is appropriate for age, crying, fussy. mobility; ambulates without assistance Reports fever for 0-12 hours. **Pain:** Denies pain.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
- **PMHx:** .None
- **PSHx:** None

Historical:

20:55 Family history: Pertinent for; recent upper jaw1
respiratory infection symptoms, mother and grandmother. Immunization history:
Childhood immunizations up to date.
21:03 The history from nurses notes was reviewed raa
and confirmed.

Screening:

20:38 **Abuse screen:** hp1
there are no obvious signs of child abuse.
Patient fall risk assessment;
risks identified; is of toddler age, Intervention
for positive screen: parent/caregiver holding
child, teaching provided regarding fall risk,
with verbalized understanding.
Learning Barriers:
No barriers to teaching and learning identified.
caregiver ready and willing to learn, prefers
oral and written instructions.
Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:
None identified.

Assessment:

20:55 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale jaw1
score is 3 out of 10.
20:58 **General:** Appears well developed, well nourished, Behavior is crying, Reports fever for 0-12 hours. **Neuro:** jaw1
Level of Consciousness is alert, appropriate to pain. Oriented to person. **EENT:** Eyes are tearing on inner
aspect of conjunctiva of right eye and inner aspect of conjunctiva of left eye Sclera/Cornea are clear in outer
aspect of conjunctiva of right eye, inner aspect of conjunctiva of right eye, outer aspect of conjunctiva of left eye
and inner aspect of conjunctiva of left eye Oral mucosa is moist. Parent/caregiver reports the patient having
nasal discharge that is watery for 2 day(s). **Respiratory:** Respiratory effort is with nasal flaring, with
retractions, Respiratory pattern is symmetrical, Airway is patent Trachea midline Breath sounds with
wheezes upon exhalation, bilaterally, in left posterior upper lobe and right posterior upper lobe
Parent/caregiver reports the patient having cough that is persistent for 2 day(s). **Dermatologic:** Skin is
intact, is healthy with good turgor, Skin is dry. Skin is normal, Skin temperature is warm.
21:20 **Respiratory:** Reassessment: No changes from previously documented assessment. Patient states jaw1
symptoms have not improved.
22:02 **Respiratory:** Reassessment: No changes from previously documented assessment. Patient states jaw1
symptoms have not improved.
23:23 jaw1
General: Behavior is crying, being held by grandmother. **Respiratory:** Breath sounds with wheezes upon
exhalation, bilaterally, in left posterior upper lobe, right posterior upper lobe, left posterior lower lobe and

Nurse's Notes Con't

right posterior lower lobe Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.

23:31 **Cardiovascular:** Heart tones S1 S2 present. **Respiratory:** Respiratory effort is labored, with nasal flaring, jaw1 with retractions, grunting, Respiratory pattern is symmetrical, tachypnea Airway is patent Breath sounds with wheezes upon exhalation, bilaterally. in left posterior upper lobe. right posterior upper lobe, left posterior lower lobe and right posterior lower lobe.

01/01 **General:** Behavior is crying. **General:** ED MD Aycock in room to assess patient.. **Respiratory:** Respiratory jaw1
01:27 effort is labored, with nasal flaring, with retractions, grunting, Respiratory pattern is symmetrical, tachypnea Airway is patent Trachea midline Reassessment: No changes from previously documented assessment. Patient states symptoms have not improved.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
12/31 20:38		170	44	97.3(TE)		11.48 kg / 25 lbs 5 oz	34 in. (86 cm)		hp1
21:03					94% on R/A				jaw1
21:04		110							jaw1
21:13					100% on 2% Mask: Aerosol Mask				jaw1
21:35					94% on R/A				jaw1
23:02					95% on R/A				jaw1
23:06					95% on R/A				jaw1
23:16					85% on R/A				jaw1
23:21					87% on R/A				jaw1
23:25					94% on R/A				jaw1
23:26					94% on R/A				jaw1
23:31					94% on R/A				jaw1
23:36					84% on R/A				jaw1
23:41					100% on 10% Aerosol Mask				jaw1
23:46					100% on 10% Aerosol Mask				jaw1
23:51					100% on 10% Aerosol Mask				jaw1
23:56					96% on 10% Aerosol Mask				jaw1
01/01 00:06					99% on 10% Aerosol Mask				jaw1
00:16					100% on 10% Aerosol Mask				jaw1
00:39					100% on 10% Mask: Aerosol Mask				jaw1
00:43			46 Spontaneous						jaw1
00:46					99% on 10% Aerosol Mask				jaw1

Name: Aaliyah

MRN: 1116206

Account#: K31877657

Print Time: 10/1 2019 12:48:53

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Nurse's Notes Con't

00:51				100% on 10% Aerosol Mask				jaw1
01:32		170		95% on 10% Aerosol Mask				jaw1

12/31 Patient crying and screaming in triage. Unable to get BP, difficulty with other vitals.
 20:38

hp1

Vitals:

20:38 Acuity: 3 - Urgent.

hp1

21:03 Body Mass Index = 15.52.

jaw1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:38	spontaneous(4)	oriented(5)	obeys commands(6)		15	hp1

ED Course:

20:36 Patient arrived in ED. ms2
 20:36 Patient moved to KIOSK. ms2
 20:37 Allen, Scott is Private Physician. hp1
 20:45 Patient moved to Waiting. hp1
 20:46 Patient moved to 16-B. jaw1
 20:52 Aycock II, Richard, MD is Attending Physician. raa
 20:54 Wright, Jennifer, RN is Primary Nurse. jaw1
 20:54 Pulse ox on. Bedside monitor alarms on and audible. jaw1
 21:09 Critical Med Co-Sign: Orapred 1.5 teaspoon, dosage verified by Chenoa Hanson RN. cph
 21:10 Blood collected; (by phlebotomist), specimen labeled in the presence of the patient Sent per order to lab. jaw1
 21:20 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent. Door closed. Noise minimized. jaw1
 21:35 Patient moved to Radiology. aw7
 21:35 Chest 2 View *routine* Sent. aw7
 21:44 Patient moved to 16-B. aw7
 22:01 Influenza culture sent to lab. and RSV, specimen labeled in presence of patient and mother, sent per order. jaw1
 23:58 Critical Med Co-Sign: Albuterol 0.5 unit dose, dosage verified by Chenoa Hanson RN. cph
 01/01 Missed attempts: 22 gauge X 1 in right antecubital area, Bleeding controlled, band aid applied, catheter tip intact. jaw1
 00:02 Missed attempts: 22 gauge X 1 in left hand. per Chenoa Hanson, RN. Bleeding controlled, band aid applied, catheter tip intact. jaw1
 00:04 Missed attempts: 22 gauge X 1 in left wrist, per Chenoa Hanson, RN. Bleeding controlled, band aid applied, catheter tip intact. jaw1
 00:06 Inserted saline lock IV, 22 gauge in left antecubital area per Chenoa Hanson, RN IV maintenance: IV is patent, is intact, with fluids infusing freely, with good blood return, Flushed w/ 5 ml NS. jaw1
 00:20 Called Transfer Center at University Health, spoke with Suzanne Holst, informed her that we will be sending this patient to University Health because there is not an available bed at this time at Willis Knighton South PICU, patient will be under the care of Dr. Conrad. Suzanne Holst states that she will call the Resident to confirm bed placement at University Health PICU and will call back with confirmation of bed number as soon as possible. Writer instructed per Suzanne Holst to fax patient's face sheet, insurance information, and jaw1

Name: Aaliyah

MRN: 1116206
Account#: K31877657

Print Time 10/1 2019 12:48:53

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Nurse's Notes Con't

mother's identification.

00:27 Faxed Suzanne Host with the Transfer Center at University Health the patient's face sheet, mother's identification and insurance to 675-6636. jaw1

00:44 Resting quietly. mother to bedside. ER nurse to see patient. jaw1

00:50 Suzanne Holst from University Health Transport Center called with bed assignment for patient. Bed assignment is 5J Bed 7. Suzanne transferred writer to PICU to speak with patient's nurse to give report. jaw1

00:54 Spoke with Pam Murray, RN at University Health PICU. report was given. jaw1

00:56 Called Willis Knighton Transport, spoke with Michelle, gave her patient's information that is requested. She states that it will be approximately 30 minutes before transports arrival. jaw1

01:34 No procedures done that require assistance. jaw1

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12/31 21:03	Xopenex 0.31 mg		Inhalation					jaw1
21:13	Follow up: Pulse Ox 100% 2% Mask: Aerosol Mask; Response: No Adverse Reaction; Tolerated well							jaw1
21:19	Xopenex 0.31 mg		Inhalation					jaw1
21:35	Follow up: Pulse Ox 94% RA; Response: No Adverse Reaction; Respiratory status unchanged; Tolerated well							jaw1
21:19	Orapred 1.5 tsp		PO					jaw1
22:15	Follow up: Response: No Adverse Reaction; Tolerated well							jaw1
21:56	Xopenex 0.31 mg		Inhalation					jaw1
23:02	Follow up: Pulse Ox 95% RA; Response: No Adverse Reaction; Respiratory status unchanged; Tolerated well							jaw1
23:58	Albuterol 0.5 unit dose		Inhalation					jaw1
01/01 00:39	Follow up: Pulse Ox 100% 10% Mask: Aerosol Mask; Response: No Adverse Reaction; Tolerated well							jaw1

Outcome:

00:04 ER care complete, transfer ordered by MD. raa

01:32 Transferred by WK-transport Note: University Health PICU Bed 7, 5J. Report called to Pam Murray, RN. using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions. No questions or concerns expressed to me at discharge. All belongings were taken to the room upon admit. **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit. jaw1

01:47 Electronic medical record closed. jaw1

Signatures:

Aycock II, Richard, MD	MD	raa	Hanson, Chenoa, RN	RN	cph
Scriptuser, MEDHOST		ms2	Walker, Ansell, RT	RT	aw7
Pitarro, Holly, RN	RN	hp1	Wright, Jennifer, RN	RN	jaw1

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K31877657

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RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L ACCT #: K31877657 LOC: ERS U #: K000629604
 AGE/SX: 2Y 03M/F ROOM: REG: 12/31/15
 REG DR: Aycock II, Richard A M. STATUS: DEP ER BED: DIS:

HEMATOLOGY

Day	1	Reference	Units
Date	DEC 31		
Time	2115		
=> White Blood Cel	19.0 H	(5.0-12.0)	10 ⁹ /L
=> Red Blood Cell	5.22 H	(4.1-5.1)	10 ⁶ /uL
=> Hemoglobin	10.8 L	(11.0-14.0)	g/dL
=> Hematocrit	34.6	(33.0-42.0)	%
=> MCV	66.3 L	(74.0-89.0)	fL
=> MCH	20.7 L	(27.1-34.2)	pg
=> MCHC	31.3 L	(33.0-35.6)	g/dL
=> RDW	18.0 H	(12.0-14.5)	%
=> Platelet Count	191 H	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.0	(6.6-10.2)	fL
=> Neutrophils	70.7	(Not Estab.)	%
=> Lymphocytes	14.4	(Not Estab.)	%
=> Monocytes	6.6	(3-10)	%
=> Eosinophils	7.5	(0.0-8.0)	%
=> Basophils	0.8	(0.0-3.0)	%
=> Neutrophils #	13.5	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	2.7	(Not Estab.)	10 ⁹ /L
=> Monocytes #	1.3	(Not Estab.)	10 ³ /uL
=> Eosinophils #	1.4	(Not Estab.)	10 ³ /uL
=> Basophils #	0.1	(Not Estab.)	10 ³ /uL

Patient: [REDACTED] L Age/Sex: 2Y 03M/F Acct#K31877657 Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 2

LOCATION

Patient: [REDACTED] L #K31877657 (Continued)

PCR TESTS

Day	1		
Date	DEC 31		
Time	2154	Reference	Units
=> Flu A by PCR	(a)	(Negative)	
=> Flu B by PCR	(b)	(Negative)	
=> Flu Comments	(c)		
=> RSV by PCR	(e)	(Negative)	
=> FLU RSV comment	(g)		

- NOTES:
- (a) Negative
 - (b) Negative
 - (c) Comments
See also (d)
 - (d) NEGATIVE influenza test results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
 - (e) Negative
See also (f)
 - (f) NEGATIVE test results do not preclude RSV infection and should not be used as the sole basis for treatment or other patient management decisions. False negative results may occur if virus is present at levels below the analytical limit of detection or the virus mutates in the target region.
 - (g) See Below
See also (h)
 - (h) New method in use 11/16/15.

The results of this assay should be interpreted in conjunction with other laboratory and clinical data.

Patient: [REDACTED] L Age/Sex: 2Y 03M/F Acct#K31877657 Unit#K000629604

WILLIS-KNIGHTON SOUTH
Account: K31877657
Patient: [REDACTED] L
Order Dr: Aycock II, Richard A M.D.

EPI: 000000001116206
XR REPORT
DEP ER
DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS WHEEZING >1YEAR
Reason For Exam: Cold Symptoms Interpretive Location: ZAMANI
Procedure Date: 12/31/2015 Accession Number: 3023173
Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: Unremarkable 2 views of the chest.

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: None.

Findings: Lungs are clear. No effusion or pneumothorax is seen. Heart size is normal.

RUN DATE: 11/01/15
RUN TIME: 2047
RUN USER: PETERS.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: Serv/Loen: ERS
Unit#: K000629604 Account#: K31877657

DOB: 10/01/13 Age: 2Y 02M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY



[REDACTED] L
10/01/13 2Y 02M
Aycock II, Richard
K31877657

12/31/15

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 12/31/15

Admission Time: 2036

AM3349_1
Page 1 of 2



AM0005



10/01/13 2Y F
Aycock II, Richard A M.D.
K31877657 12/31/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medically justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	12/31/15		12/31/15		12/31/15
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
Jennifer Alexander	2036	Jennifer Alexander		Jennifer Alexander	1036
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
---	--	--------------------	------------------	--------------------

Admission Date: 12/31/15
Admission Time: 2036
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 2Y F
Aycock II, Richard A M.D.
K31877657 12/31/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K31858327

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821 RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:ARRIVED FROM: C
ATTENDING PHYS: Sullivan, Michael J M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K31858327
ROOM:
STATUS: REG ERDATE: 12/24/15
TIME: 1118
SERV/LOC: ERSUNIT#: K000629604
F/C: MA
SS#:PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISHBIRTHDATE: 10/01/13
AGE: 2Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLEEMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821 RELATION: MCOMMENTS: NONINJURY
REASON FOR VISIT: COLD SYMPTOMS
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: BELLEAM



K31858327

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 12/24/2015 Time: 11:18
Bed 9

MRN: 1116206
Account#: K31858327
Private MD: Allen, scott

HPI:

12/24 This 2 years old African Am/Black Female presents to ED via Carried with complaints of Cold Symptoms. k1b2
11:55 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is mild, cough, described as mild. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: congestion, cough, nasal discharge. Pertinent negatives: abdominal pain, body aches, constipation, diarrhea, earache, fever, headache, myalgias, seizure, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: albuterol nebulizer. It is unknown whether or not the patient has had similar symptoms in the past. It is unknown whether or not the patient has recently seen a physician. Mother has had similar symptoms . k1b2

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
- **PMHx:** None
- **PSHx:** None

Historical:

11:23 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations sd4 up to date. Social history: The patient lives with family the patient is a minor.
12:09 The history from nurses notes was reviewed and confirmed. k1b2

ROS:

12:09 **Constitutional:** Positive for coughing, Negative for chills, chronic foley, fatigue, fever, fussiness, malaise, obvious distress, poor PO intake, shortness of breath, tearful, vomiting, weight loss, k1b2
12:09 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Eyes:** Negative for redness, swelling, pain, injury, discharge, visual disturbance or loss, FB sensation **Neck:** Negative for injury, pain, swelling, stiffness or swollen/tender lymph nodes. **Cardiovascular:** Negative for Chest pain, palpitations, and edema **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, hematochezia, melena, anorexia, dysphagia. **Back:** Negative for injury and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury and deformity, pain, swelling, or redness **Skin:** Negative for injury, rash, and discoloration, and lesions **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure, AMS, and syncope **Psych:** Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations. **ENT:** Positive for rhinorrhea, sinus congestion, Negative for difficulty swallowing, hoarseness, nose bleed, pulling at ears, sore throat. **Respiratory:** Positive for cough, Negative for dyspnea on exertion, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, sputum production.

Exam:

12:09 k1b2
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla
Chest/axilla: normal symmetrical chest. Non tender. No lesions.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Physician Documentation Con't.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernia. No splenomegaly. No hepatomegaly.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Normal strength and muscle tone. Joints are stable. No acute changes in digits or nails.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal.

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well groomed, well nourished, pleasant, non-toxic, afebrile.

ENT: TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, no hemotympanum, no rupture, Nose: External nose: no obvious acute abnormality, Nasal septum: is midline, bleeding, is not appreciated, nasal drainage, that is moderate, and is seen coming from both nares, that is clear, that is thin, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions, no swelling, Voice: is normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:19		121	18	99.1(R)	97%	12.33 kg / 27 lbs 3 oz	37 in. (94 cm)	0/10	sd4
12:15		162	28		99% on R/A			0/10	sh1
12:23		162	24		99% on R/A			0/10	sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:19	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

MDM:

12:09 klb2

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), plain X-ray(s).

Data interpreted: Pulse oximetry: normal.

12:16 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete. mjs

Data reviewed: radiologic studies, plain films.

12:18 Patient medically screened. mjs

Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	12/24/15 11:32	sh1	mjs
	Returned	12/28/15 08:14	Dispatcher MedHost	
Notes: Bed Name: 9	Order Method: Verbal - Read back			
	Sign off: Sullivan, Michael 12/24/15 12:11			
Interpretation: no acute processes.				
ER EXAM ROOM/BED: (OERDERRMBD): 9				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 12:52:41

MRN: 1116206
Account#: K31858327

Page 2 of 3

Physician Documentation Con't.

O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	12/24/15 11:32	sh1	mjs
	Completed	12/24/15 11:32	Steven Clinger	
Notes:	Order Method: Verbal - Read back			
	Sign off: Sullivan, Michael 12/24/15 12:11			
Order	Status	Time	By	For
Albuterol 1 unit dose Inhalation once	Ordered	12/24/15 11:37	sh1	mjs
	Administered	12/24/15 11:42	sh1	
Notes:	Order Method: Verbal - Read back			
	Sign off: Sullivan, Michael 12/24/15 12:11			
12/24/15 11:42	Administered: Albuterol 1 unit dose Inhalation			sh1
12/24/15 12:00	Follow Up: Response: No Adverse Reaction; Respiratory status improved; wheezing has decreased has improved air movement			sh1

Order Signatures:

Sullivan, Michael, MD

MD mjs

Hovingh, Sue. RN

RN sh1

Disposition:

12:09 This chart was scribed by Barlow, Kerri, Scribe. in the presence of Michael Sullivan MD.

klb2

12:16 Electronically signed by: Michael Sullivan M.D.

mjs

Disposition:**12/24/15 12:18 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI).**

- Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI), Child.
- Prescriptions for
Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
- take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.;
18 milliliter.
- Follow up: scott Allen; When: Next week.
- Problem is new.
- Symptoms have improved.

Signatures:

Clinger, Steven, RN

RN smc

Sullivan, Michael, MD

MD mjs

Hovingh, Sue. RN

RN sh1

David, Syndee, RN

RN sd4

Barlow, Kerri, Scribe

Scribe klb2

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10-01-2013
Arrival Date: 12/24/2015 Time: 11:18
Bed 9

Willis Knighton South

MRN: 1116206
Account#: K31858327
Private MD: Allen, Scott

Presentation:

12/24 Method of Arrival: Carried. sd4
11:19 Preferred language for medical communication is English. Presenting complaint: Mother states: that daughter has runny nose, cough, sneezing and fever since yesterday. She is also wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. sd4
11:20 Acuity: 4 - Semi-Urgent. sd4
11:24 Acuity: 3 - Urgent. sd4

Triage Assessment:

11:19 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance. **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. sd4

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Albuterol Nebulizer as needed
- **PMHx:** None
- **PSHx:** None

Historical:

11:23 Family history: No immediate family members sd4 are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives with family the patient is a minor.
12:09 The history from nurses notes was reviewed klb2 and confirmed.

Screening:

11:19 **Abuse screen:** sd4
Denies threats or abuse.
Patient fall risk assessment;
risks identified: is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:
None identified. Has not been out of the country.

Assessment:

11:28 **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, appropriate for age, mobility; ambulates without assistance. **Neuro:** Level of Consciousness is alert, awake, obeys commands, Oriented to person, place, time, Pupils are PERRLA. **EENT:** No deficits noted. **Cardiovascular:** Capillary refill < 3 seconds is brisk Heart tones S1 S2 present. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds with wheezes upon inhalation, upon exhalation, bilaterally. Parent/caregiver reports the patient having GRANDMOTHER REPORTS PT HAS BEEN WHEEZING SINCE YESTERDAY WITH A COUGH SNEEZING FEVER AND RUNNY NOSE GRANDMOTHER REPORTS " WHEN SHE STAYS WITH ME I GIVE HER BREATHING TREATMENTS EVERY DAY WHEN SHE STAYS WITH HER MOTHER HER MOTHER DOESN'T GIVE HER HER BREATHING TREATMENTS EVERY DAY AND SHE STAYS SICK ALL THE TIME HER LAST BREATHING TREATMENT THAT HER MOTHER GAVE WAS LAST TUESDAY ". **Gastrointestinal:** Abdomen is flat, non- distended Bowel sounds present X 4 quads. **Genitourinary:** Parent/caregiver reports the patient having normal urinary habits. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is pink, warm & dry. black. **Musculoskeletal:** No deficits noted. Capillary refill < 3 seconds is brisk Range of motion intact in all extremities. Circulation, motion, and sensation intact. **Injury Description:** denies injury. sh1
11:48 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. sh1

Vital Signs:

Nurse's Notes Con't

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:19		37	20	99.1(R)	97%	12.33 kg / 27 lbs 3 oz	37 in. (94 cm)	0/10	sd4
12:15		162	28		99% on R/A			0/10	sh1
12:23		152	24		99% on R/A			0/10	sh1

Vitals:

11:19 Acuity: 3 - Urgent.

sd4

11:28 Body Mass Index = 13.95.

sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:19	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

ED Course:

11:18 Patient arrived in ED.

ms2

11:18 Patient moved to KIOSK.

ms2

11:19 Allen, scott is Private Physician.

sd4

11:24 Triage completed.

sd4

11:24 Patient moved to Waiting.

sd4

11:28 Hovingh, Sue, RN is Primary Nurse.

sh1

11:28 Patient moved to 9.

sh1

11:28 No apparent distress. Resting quietly. Awaiting ED physician evaluation.

sh1

11:36 Sullivan, Michael, MD is Attending Physician.

mjs

11:48 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.

sh1

12:00 No apparent distress. Resting quietly. resp easy non labored breathing easy.

sh1

12:17 Allen, scott is Referral Physician.

mjs

12:25 No procedures done that require assistance.

sh1

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
11:42	Albuterol 1 unit dose		Inhalation					sh1
12:00	Follow up: Response: No Adverse Reaction; Respiratory status improved; wheezing has decreased has improved air movement							sh1

Outcome:

12:18 Discharge ordered by MD.

mjs

12:23

sh1

Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on discharge instructions, follow up and referral plans, medication usage, continue breathing treatments Demonstrated understanding of instructions, medications, to continue breathing treatments Prescriptions given; 1, No questions or concerns expressed to me at discharge. Work excuse given for 0day(s). School

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K31858327

Nurse's Notes Con't

excuse given for 0day(s). **Medication reconcilliation form provided.** **Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

12:25 Electronic medical record closed.

sh1

Signatures:

Sullivan, Michael, MD
Scriptuser, MEDHOST
Barlow, Kerri, Scribe

MD mjs
ms2
Scribe klb2

Hovingh, Sue, RN
David, Syndee, RN

RN sh1
RN sd4

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 12:52:48

MRN: 1116206
Account#: K31858327
Page 3 of 3

WILLIS-KNIGHTON SOUTH

Account: K31858327

Patient: [REDACTED] L

Order Dr: Sullivan, Michael J M.D.

EPI: 000000001116206

XR REPORT

REG ER

DOB: 10/01/13

Final Report

Admitting Diagnosis: COLD SYMPTOMS

Reason For Exam: Cold Symptoms Interpretive Location: KBURGIN

Procedure Date: 12/24/2015 Accession Number: 3015025

Procedure: SXR - XR, chest 2 view CPT Code: 71020

IMPRESSION: No acute process

RESULT: XR, chest 2 view

Clinical Information: Cold Symptoms

Comparison: 11/2/2015

Findings: Cardiomedial silhouette normal. Trachea midline. No perihilar opacity or confluence consolidation present. No pneumothorax or pleural effusion seen. Osseous structures normal. Visualized upper abdomen normal.

RUN DATE: 11/24/15
RUN TIME: 1128
RUN USER: BELLE.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L
Rm/Bd: Serv/Locn: ERS
Unit#: K000629604 Account#: K31858327

DOB: 10/01/13 Age: 2Y 02M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/05/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY



10/01/13 2Y 02M L
Sullivan, Michael J
K31858327 12/24/15

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

Willis Knighton South and Center for Women's Health

Willis Knighton South

2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for:

Arrival Date:

12/24/15 11:18

Care Complete Time:

12/24/15 12:18

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Sullivan, Michael, MD

Diagnosis: Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS
Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Allen, scott When: Next week	Zithromax
SPECIAL NOTES	
continue the breathing treaments at home.	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah Henderson

Aaliyah Henderson
MRN # K000629604

Stboughn
ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

152 24 998 0/10



10/01/13 2Y 02M L
Sullivan, Michael J
K31858327 12/24/15

FOLLOW UP INSTRUCTIONS

Allen, scott

When: Next week

PRESCRIPTIONS

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

Take 6 milliliter by ORAL route one time for 1 day then take (5mg/kg/day) 3 milliliters by oral route days 2,3,4,5.; 18 milliliter

TESTS AND PROCEDURES

Labs

None

Rad

Chest 2 View *routine*

Procedures

None

Other

Call X-Ray Tech



10/01/13 2Y 02M L
Sullivan, Michael J
K31858327 12/24/15



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 12/24/15

Admission Time: 1118

AM3349_1
Page 1 of 2



AM0005



10/01/13 2Y F
Sullivan, Michael J M.D.
K31858327 12/24/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 Signature of Patient/Guardian	12-24-15 Date/Time	 Guarantor	12-24-15 Date/Time	 Witness	12-24-15 Date/Time
 Print Name		 Print Name		 Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 12/24/15
 Admission Time: 1118
 AM3349_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM0005



10/01/13 2Y F
 Sullivan, Michael J M.D.
 K31858327 12/24/15

Printed: 11/03/2015



FACESHEET

WILLIS-KNIGHTON SOUTH		SHREVEPORT, LA	
ADMITTING DIAGNOSIS:		Code	
PRINCIPAL DIAGNOSIS:			
OTHER DIAGNOSES:			
OPERATIONS/OTHER PROCEDURES:		Date	
DISCHARGE STATUS: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Expired <input type="checkbox"/> AMA Autopsy <input type="checkbox"/> SNF/HRF <input type="checkbox"/> OTHER <input type="checkbox"/> HHA		LENGTH OF STAY 3 DAYS	Physician's Signature Date
Account No. K31687676	Admission Date 11/03/15	PR	MEDITECH Unit Number K000629604
Room/Bed K.E5518/1	Admission Time 0406	ER	Subscriber Name
Type ADM IN	Location/Service PED	11-5	Subscriber DOB
Last INP DATE	Last Discharge Date		Social Security Number
Name	2247 LEGARDY STREET	Date of Birth 10/01/13	Age 2Y Sex F
Street	SHREVEPORT, LA 71107	Race BLACK OR AFRICAN A	
City/State/Zip	(318)210-3821	Marital Status SINGLE	
Home Phone		Religion NO RELIGION	
County CADDOPARISH			
Name CHILD	Name ALEXANDER, JENNIFER	Street 2247 LEGARDY STREET	
Street	City/State/Zip SHREVEPORT, LA 71107	Phone (318)210-3821	Relationship: M
City/State/Zip	Occupation CHILD		
Phone			
Name ALEXANDER, JENNIFER	Name ALEXANDER, JENNIFER	Street 2247 LEGARDY STREET	
Street	City/State/Zip SHREVEPORT, LA 71107	Phone (318)210-3821	Relationship: M
City/State/Zip	SSN 435-59-8369		
Phone (318)210-3821			
Name JOHNSON'S CARE	Accident Date	Arrival Mode C	
Street 4038 MARRON PLACE	Prim Care Phy Allen, Larry M M.D.		
City/State/Zip SHREVEPORT, LA 71109	Attend. Phy Tran, Sharon N M.D.		
Phone (318)631-7714	Other Phys. Tran, Sharon N M.D.		
LA HLTHCARE CONN LA ME	1997286459512		MEDICAID
4144014			
Is this Patient Here for Pre-Op Testing?			
Comment:			
Notice Given: Y		Date Notice Given: 09/23/14	
Reason for Visit: FEBRILE ILLNESS-PYREXIA		Admit Clerk: SAFFED2.A	
Preferred Language: ENGLISH		MEDS Eligible:	
Known Drug Allergies: NKDA		Ethnicity: NHILAT	
		Patient Survey: N	





WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist Progress Note

HC Summary

Date: 11/5/15 Time: _____ Name: _____

Interval History: Resting in ☒ bed ☐ chair ☐ crib ☒ No new problems/complaints
☐ Other Abdominal, pleural, prodynaptic

Meds: ☒ Reviewed Remarks _____

☒ Discussed Assessment/Plan with ☐ patient ☒ family at ☒ bedside ☐ per phone

ROS: ☐ 10 systems reviewed otherwise Negative Positive: _____

Interval Physical Exam:

Vitals: temp 97.2 HR 130 RR 24 O2 sat 100 on RN

General: ☒ Well-hydrated ☒ WN ☒ NAD ☒ Nontoxic ☒ Remarks pleural, active

HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☒ Conjunctiva clear

☐ No rhinorrhea/congestion ☐ Nasal flaring ☒ Tympanic membranes normal bil ☒ Oral mucosa moist ☒ Pharynx normal

☒ Remarks clear rhinorrhea

Neck: ☐ Normal ☒ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____

Heart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☐ Normal ☒ CTA bil ☒ Unlabored Air movement: ☒ Good ☐ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi

☐ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks _____

Abdomen: ☐ Normal ☒ Soft ☒ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly

☐ Masses ☐ Remarks _____

Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses

☐ Remarks _____

Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☒ Normal ☐ Warm/dry ☐ Rash ☐ Remarks _____

Neuro: ☒ Normal/nonfocal ☐ Warm/dry ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact

☐ Remarks _____

Lab: ☐ Reviewed ☐ Abnormals

Ca _____ Segs _____

Alb _____ Ast/Alt _____ Bands _____

Alk/Phos _____ Lymphs _____

T/Dbill _____

Other: Blood w/ @ to date

Impression: 2 y/o female admitted to acute
febrile illness, dehydration, pleural effusion,
ROM bil. WBC 22k on admit. Improved clinically
on IV fluids, Abx, PO Zithromax. Mycoplasma Dx.
Abx & pleural eff. D/C home today
(X20)

Plan: ☒ See orders ☒ Continue medical management

☐ Recommendations per consultant/s: _____

Social Smiles: Home re provided to family

☒ Follow labs ☒ O2, Respiratory Therapy

☒ Continue antibiotics, Day # 3 Zithromax

☐ Continue therapy/Rehab ☐ Nutrition support

D/C home on Abx rebs Q4,

Droperidol x 3 days, Zithromax x 2 days.

Flu & PCP next week.

Physician Signature [Signature] Date/Time 11/5/15 3pm

☒ Sharon Tran, M.D. (2944) ☐ Greg Oji, M.D. (2977)





WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist History and Physical

Patient Name: _____ Date: 11/3/15 Time: _____

PCP: LSU Source of Information: Mom & Grandmother

Chief Complaint: Labored breathing, fever, cough

History of Present Illness: _____

2 y/o female presented to WKS PC in labored breathing, cough, fever. Grandmother reports pt developed cough & runny nose [redacted] 1 week ago. Yesterday, she developed wheezing, fever (tachile) & labored breathing. She was taken to PC. In PC, pt was O2 sat 85% on RA & tachypneic, wheezing & Trache: 101. Lab work showed WBC: 22k. Pt was subsequently admitted for further care. ϕ V/d ϕ ↓ appetite ϕ ↓ wet diapers

Past Medical/Birth History: ☐ Unremarkable ☐ Other RAD? wheezed in the past once or twice per year.

Past Surgical History: ϕ

Allergies: ☒ NKDA ☐ Other _____

Immunizations: ☒ UTD ☐ Other _____

Family History: ☒ Noncontributory ☐ Other _____

Social History: ☒ Lives at home with parents Mother ☐ Attends school _____

☐ Other _____

Home needs: ϕ



HP0005



10/01/13 2Y 01M L
Tran, Sharon N M.D. K.E5518
K31687676 11/03/15

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist History and Physical continued

General: ☐ None ☒ Fever ☒ Decreased appetite/oral intake ☐ Decreased activity ☐ Fussy ☐ Other _____HEENT: ☐ None ☐ Head injury ☐ Red/Swollen eyes ☐ Eye d/c ☒ Runny nose ☐ Congestion ☐ Earache ☐ Ear d/c☐ Sore throat ☐ Other _____Cardiovascular: ☒ None ☐ Cyanosis ☐ Chest pain _____Respiratory: ☐ None ☒ Cough ☒ SOB ☒ Wheeze ☐ Other _____GI: ☒ None ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Abd pain ☐ Bloody stools ☐ Other _____Hematology: ☒ None ☐ Easy bruising ☐ Epistaxis ☐ Other _____Neuro: ☒ None ☐ Headache ☐ Syncope ☐ Seizures ☐ LOC ☐ Other _____GU: ☒ None ☐ Decreased urine ☐ Dysuria ☐ Discharge ☐ Other _____

Physical Exam:

Vitals: Temp 98.2 HR 159 RR 32 O2 sat 100 RA Wt 11.7 kgGeneral: ☐ Well-hydrated ☐ WN ☒ NAD ☒ Nontoxic ☐ Remarks _____HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☒ Conjunctiva clear☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tympanic membranes normal bil ☒ Nasal mucosa moist ☒ Pharynx normal☐ Remarks Clear mucosa, B/L conjunctivitis TM d bulgingNeck: ☐ Normal ☒ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention☐ Remarks _____Heart: ☐ Normal ☒ S1S2 ☐ RRR ☐ Murmur ☐ Remarks _____Lungs: ☐ Normal ☒ CTA bil ☒ Unlabored Air movement: ☒ good ☐ fair ☐ poor ☐ Wheeze (end expiratory/inspiratory)Abdomen: ☐ Normal ☒ Soft ☒ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly☐ Masses ☐ Remarks _____Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses☐ Remarks _____Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____Skin: ☒ Normal ☐ Rash ☐ Remarks _____Neuro: ☒ Normal/nonfocal ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact☐ Remarks _____GU: ☒ Normal male/female genitalia Testes descended: ☐ Right ☐ Left☐ Remarks _____

HP0005

10/01/13 2Y 01M
Tran, Sharon N M.D. K.E5518
K31687676 11/03/15



Pediatric Hospitalist History and Physical continued

LAB: ☐ Reviewed ☐ Abnormals

141	100	11
5.4	25	6.43

 Ca 9.8
 Alb _____ Ast/Alt _____
 Alk/Phos _____
 T/Dbill _____

 22 > 10.9 < 401
 35

 Segs neut 69
 Bands _____
 Lymphs 6
☒ CXR increased perihilar markings B/L ☒ Cultures Blood pending

Other: _____

Plan:

☒ See orders ☒ Continue medical management ☒ Follow labs ☒ O2, Respiratory Therapy A/B nebs
☒ IV Fluids Discussed assessment & plan with ☐ Patient ☒ Family
☒ IV antibiotics: Rocephin, Zithromax
☐ Consults: _____
☐ Remarks: 2 y/o female to RAD, febrile illness, B/L AOM, acute hypoxia, s/p acute resp distress.
Physician Signature [Signature]Date/Time 11/3/15 330 pm
☒ Sharon Tran, M.D.(2944) ☐ Greg Oji, M.D. (2977)


HP0005


 10/01/13 2Y 01M
 Tran, Sharon N M.D. K.85518
 K31687676 11/03/15

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 years **Sex:** Female **DOB:** 10/01/2013
Arrival Date: 11/02/2015 **Time:** 22:27
Bed Holding

MRN: K000629604
Account#: K31687676
Private MD: Allen, dr.

HPI:

11/02 This 2 years old Black Female presents to ED via Ambulatory with complaints of Cold Symptoms. et3
22:54 The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, et3
cough, described as moderate, fever, with an emergency department temperature of 101 degrees
Fahrenheit, rhinorrhea, wheezing, described as mild. Onset: The symptoms/episode began/occurred today.
Associated signs and symptoms: Pertinent positives: congestion, cough, fever, nasal discharge, shortness
of breath, wheezing, Pertinent negatives: abdominal pain, constipation, diarrhea, earache, seizure, sore
throat, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms
are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a previous
episode. The patient has not recently seen a physician.

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
 - 1. No Home Medications
- **PMHx:** None
- **PSHx:** None

Historical:

22:39 Family history: Father has/had no known health problems. Mother has/had no known health problems. spf1
Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with
family the patient is a minor.
22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed. et3

ROS:

22:54 **Eyes:** Negative for injury, pain, swelling, redness, and discharge, **Neck:** Negative for injury, pain, stiffness, et3
swelling **Cardiovascular:** Negative for edema **Abdomen/GI:** Negative for abdominal pain, nausea,
vomiting, diarrhea, hematochezia, melena, anorexia, dysphagia, injury, distention, and constipation, **Back:**
Negative for injury, deformity, decreased range of motion, and pain, **GU:** Negative for injury, bleeding,
discharge, and swelling, **MS/Extremity:** Negative for injury, pain, swelling, decreased range of motion **Skin:**
Negative for injury, rash, swelling, lesions, and discoloration, **Neuro:** Negative for altered mental status,
weakness, and seizure, **Psych:** negative for acute changes. **Constitutional:** Positive for coughing, fever,
shortness of breath, Negative for chills, obvious distress, acute pain, poor PO intake, vomiting, **ENT:**
Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty handling secretions,
difficulty swallowing, pulling at ears, sinus pain, sore throat, tinnitus, dental pain, **Respiratory:** Positive for
cough, "sounds productive", shortness of breath, wheezing, Negative for hemoptysis, orthopnea, pleurisy,
22:56 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned et3
below.

Exam:

22:56 et3
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with
no swelling, redness, or edema.
ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal
and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or
evidence of obstruction, uvula midline. Mucous membrane moist and pink
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
abnormal lymphadenopathy noted by palpation in the neck or axilla

Physician Documentation Con't.

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Abdomen/GI: Soft, non-tender with normal bowel sounds. Non-distended, no masses. No organomegaly.

No guarding or rebound. No hernia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion without pain

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, febrile.

Cardiovascular: Rhythm is sinus tachycardia Pulses: equal and symmetrical bilaterally, in the upper extremities, in the lower extremities, Heart sounds: normal, normal S1 and S2, no S3 or S4, no murmur, no rub, no gallop, Edema: is not appreciated.

Respiratory: moderate respiratory distress is noted,

Respirations: labored breathing, is not present, asymmetrical chest movement, is not seen, accessory muscle usage, is absent, grunting, is not present, nasal flaring, is not appreciated, paradoxical chest movement, is absent, prolonged exhalation, is not present, pursed lip breathing, is not present, intercostal retractions, that is moderate, shallow respirations, are not present, splinting, is not noted, tachypnea, is appreciated

Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is moderate, is scattered, is heard diffusely, bronchial sounds, are not appreciated, decreased breath sounds, are not appreciated, stridor, is not appreciated,

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
22:34		184	34		85% on R/A	11.79 kg / 25 lbs 16 oz	34 in. (86 cm)	6/10	jmh
22:39				101.0(R)					spf1
22:43		189	52						spf1
22:47					100% on 5% Aerosol Mask				spf1
23:09		201	40		98% on 1.5 lpm NC				lt3
23:35		197	40		100% on 1.5 lpm NC				lt3
11/03 00:16		172	28		100% on 1.5 lpm NC				spf1
00:22				100.5(R)					spf1
01:05					100% on 1.5 lpm NC				spf1
01:12		161							spf1
01:32				99.9(R)					spf1
02:06		172	32		100% on 1.5 lpm NC				lt3
02:35					100%				lt3
03:04		154	32		100% on 1.5 lpm NC				spf1
04:45		145	32		100% on 1.5 lpm				spf1

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:08

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Physician Documentation Con't.

					NC			
06:10	132 / 51	167			100% on 12% Aerosol Mask			mg3
06:47		161	34	98.6(R)	97%			mg3
07:00					100%			jcm
07:15					100%			jcm
07:30		156	32		99% on 2 lpm NC		0/10	jcm
07:45					100%			jcm
08:00					100%			jcm
08:15					100%			jcm
08:30					98%			jcm
08:45					98%			jcm
09:10					99%			jcm
09:20					98%			jcm
09:30					99%			jcm
09:40					99%			jcm
10:00					100%			jcm
10:15					100%			jcm
10:30					100%			jcm
10:34		134	32		100% on 2 lpm NC			jcm
12:42		154	26		100% on 2 lpm NC		0/10	jcm

07:30 FLACC (Infant-toddler)

jcm

06:10 pt crying during vitals

mg3

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11/02	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh
22:34						

MDM:

22:59

et3

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for further work-up and treatment in the hospital.

11/03

ep

03:28 Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: lab test result(s), radiologic studies, plain films.

Data interpreted: Pulse oximetry: Interpretation: hypoxia.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: lab results.

03:29 Patient medically screened.

ep

Order	Status	Time	By	For

Name: Aaliyah

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:08

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Physician Documentation Con't.

DuoNeb 1 unit dose Inhalation once	Ordered	11/02/15 22:41	jaw1	ep
	Administered	11/02/15 22:42	jaw1	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/02/15 23:10			
11/02/15 22:42 Administration: DuoNeb 1 unit dose Inhalation			jaw1	
11/02/15 22:50 Follow Up: Response: No Adverse Reaction; Respiratory status unchanged			it3	
Order	Status	Time	By	For
Tylenol - Acetaminophen Suppository 160 mg PR once	Ordered	11/02/15 22:43	mg3	ep
	Administered	11/02/15 22:49	spf1	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/02/15 23:10			
11/02/15 22:49 Administration: Tylenol - Acetaminophen Suppository 160 mg PR			spf1	
11/03/15 00:15 Follow Up: Response: Temperature is decreased			spf1	
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	11/02/15 22:49	mg3	ep
	Administered	11/02/15 22:53	mg3	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/02/15 23:10			
11/02/15 22:53 Administration: DuoNeb 1 unit dose Inhalation			mg3	
11/02/15 23:00 Follow Up: Response: No Adverse Reaction; Respiratory status unchanged			it3	
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	11/02/15 22:52	cc1	ep
	Completed	11/02/15 23:21	Griggs, Melissa, RN	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/02/15 23:10			
Order	Status	Time	By	For
Chest Xray Portable 1 View	Ordered	11/02/15 22:52	cc1	ep
	Returned	11/03/15 00:20	Cook, Tara, RT	
Notes: Bed Name: 1	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/02/15 23:10			
SPECIFIC TIME TO BE DONE: (OERDSPECTI): STAT				
ER EXAM ROOM/BED: (OERDERRMBD): 1				
Is the patient able to bear weight? (OERDBEARWT):				
Is the patient at risk for falls? (OERDFALLS):				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
SOLU-MEDrol 25 mg IVP once	Ordered	11/02/15 22:56	spf1	ep
	Administered	11/02/15 23:08	it3	
Notes:	Order Method: Verbal - Read back			

Name: Aaliyah

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:08

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Physician Documentation Con't.

Sign off: Paul, Edward, MD 11/02/15 23:10				
11/02/15 23:08	Administration: SOLU-MEDrol 25 mg IVP in right antecubital			It3
11/02/15 23:34	Follow Up: Response: No Adverse Reaction			It3
Order	Status	Time	By	For
CBC With Diff	Ordered	11/02/15 23:09	ep	ep
	Reviewed	11/03/15 00:49	Paul, Edward, MD	
Notes:	Order Method: Electronic			
Interpretation: leukocytosis.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Comments: (OEMICCOM):				
Ordering Location: ERNPC1.1				
Quantity 1: 1				
Order	Status	Time	By	For
Chem 8	Ordered	11/02/15 23:09	ep	ep
	Reviewed	11/03/15 00:49	Paul, Edward, MD	
Notes:	Order Method: Electronic			
Interpretation: no abnormality of clinical significance.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Comments: (OEMICCOM):				
Ordering Location: ERNPC1.1				
Quantity 1: 1				
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	11/02/15 23:12	It3	ep
	Administered	11/02/15 23:19	spf1	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward, MD 11/03/15 00:06			
11/02/15 23:19	Administration: DuoNeb 1 unit dose Inhalation			spf1
11/02/15 23:34	Follow Up: Response: No Adverse Reaction; Respiratory status improved			It3
Order	Status	Time	By	For
Neck Soft Tissue	Ordered	11/03/15 00:06	ep	ep
	In Process Unspecified	11/03/15 00:21	Dispatcher MedHost	
Notes: Bed Name: 1	Order Method: Electronic			
ER EXAM ROOM/BED: (OERDERRMBD): 1				
Is the patient able to bear weight? (OERDBEARWT):				
Is the patient at risk for falls? (OERDFALLS):				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:08

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Physician Documentation Con't.

Order	Status	Time	By	For
Ibuprofen Suspension 1 dose PO once; Per Pedi Fever Standing Orders	Ordered	11/03/15 00:25	spf1	ep
	Administered	11/03/15 00:30	lt3	
Notes:		Order Method: Verbal - Read back		
		Sign off: Paul, Edward, MD 11/03/15 00:50		
11/03/15 00:30	Administration: Ibuprofen Suspension 1 dose PO			lt3
11/03/15 01:32	Follow Up: Temp 99.9 Rectal; Response: Temperature is decreased; No Adverse Reaction; Tolerated well			spf1
Order	Status	Time	By	For
Rocephin 600 mg IVPB once	Ordered	11/03/15 00:52	ep	ep
	Administered	11/03/15 01:20	lt3	
Notes:		Order Method: Electronic		
11/03/15 01:20	Administration: Rocephin 600 mg IVPB in right antecubital			lt3
11/03/15 02:20	Follow Up: Response: No Adverse Reaction; IV Status: Completed infusion; IV converted to saline lock			spf1
Order	Status	Time	By	For
Blood Culture, Bacteria	Ordered	11/03/15 00:54	lt3	ep
	In Process Unspecified	11/03/15 00:55	Dispatcher MedHost	
Notes:		Order Method: Verbal - Read back		
		Sign off: Paul, Edward, MD 11/03/15 02:58		
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Source (OEMICbid): Venipuncture				
Is patient allergic to Iodine/Betadine? (LBIODINE1); UI=Boolean; Shared=F; Required=T; Visible=T:				
Quantity or Number of Units: 1 unit				
Order	Status	Time	By	For
Albuterol 0.5 unit dose Inhalation once	Ordered	11/03/15 05:45	mg3	ep
	Administered	11/03/15 06:09	mg3	
Notes:		Order Method: Written		
11/03/15 06:09	Administration: Albuterol 0.5 unit dose Inhalation			mg3
11/03/15 06:26	Follow Up: Response: No Adverse Reaction; Tolerated well			spf1
Order	Status	Time	By	For
SOLU-MEDrol 20 mg IVP once	Ordered	11/03/15 05:45	mg3	ep
	Administered	11/03/15 06:07	mg3	
Notes:		Order Method: Written		
11/03/15 06:07	Administration: SOLU-MEDrol 20 mg IVP in left hand			mg3
11/03/15 06:26	Follow Up: Response: No Adverse Reaction; Tolerated well			spf1
Order	Status	Time	By	For

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:08

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Physician Documentation Con't.

Zithromax 120 mg IVPB once	Ordered	11/03/15 05:45	mg3	ep
	Administered	11/03/15 06:09	mg3	
Notes:	Order Method: Written			
11/03/15 06:09	Administration: Zithromax 120 mg IVPB in left hand			mg3
11/03/15 08:52	Follow Up: Response: No Adverse Reaction; IV Status: Completed infusion			jcm

Order Signatures:

Paul, Edward, MD	MD	ep	Wright, Jennifer, RN	RN	jaw1
Colon, Cindy, RN	RN	cc1	Trickett, Lauren, RN	RN	lt3
Griggs, Melissa, RN	RN	mg3	Fitzgerald, Stormy, RN	RN	spf1

Disposition:

11/02 22:59 This chart was scribed by Turner, Elaina, Scribe. in the presence of Edward Paul MD. et3

11/03 03:28 Electronically signed by: Edward Paul MD. Disposition. Chart complete. ep

Disposition:

11/03/15 03:29 Admit ordered for Tran, Sharon. Preliminary diagnosis are Febrile Illness - Pyrexia, Hypoxia, Reactive Airway.

- Bed requested for Specific Bed.
- Condition is Good.
- Problem is new.
- Symptoms have improved.

Signatures:

Dispatcher MedHost	EDMS	Paul, Edward, MD	MD	ep
Mathews, Janet, RN	RN	Jennings, Jacqueline		jc3
Trickett, Lauren, RN	RN	Griggs, Melissa, RN	RN	mg3
Colon, Cindy, RN	RN	Turner, Elaina, Scribe		Scribe et3
Wright, Jennifer, RN	RN	Fitzgerald, Stormy, RN	RN	spf1

Corrections:

11/02 22:54 ~~The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, cough, described as moderate, fever, with an emergency department temperature of 101 degrees Fahrenheit, rhinorrhea,~~ et3 et3

22:57 22:54 ~~Respiratory: Positive for cough, "sounds productive", wheezing, Negative for hemoptysis, orthopnea, pleurisy,~~ et3 et3

22:57 22:54 ~~ENT: Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, pulling at ears, sinus pain, sore throat, tinnitus, dental pain,~~ et3 et3

22:57 22:54 ~~Eyes: Negative for injury, pain, swelling, redness, and discharge, Neck: Negative for injury, pain, stiffness, swelling Cardiovascular: Negative for edema Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, hematochezia, melena, anorexia, dysphagia, injury, distention, and constipation, Back: Negative for injury, deformity, decreased range of motion, and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury, pain, swelling, decreased range of motion Skin: Negative for injury, rash, swelling, lesions, and discoloration, Neuro: Negative for altered mental status, weakness, and~~

Name: Aaliyah

MRN: K000629604
Account#: K31687676
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Print Time: 11/4/2015 15:08:08

Physician Documentation Con't.

	seizure, Psych: negative for acute changes	et3	et3
22:59 22:54	Associated signs and symptoms: Pertinent positives: congestion, cough, fever, nasal discharge, wheezing, Pertinent negatives: abdominal pain, constipation, diarrhea, earache, seizure, shortness of breath, sore throat, vomiting,	et3	et3
22:59 22:54	The patient presents to the emergency department with congestion, with nasal discharge, that is moderate, cough, described as moderate, fever, with an emergency department temperature of 104 degrees Fahrenheit, rhinorrhea, wheezing, described as mild,	et3	et3
22:59 22:54	Constitutional: Positive for coughing, fever, Negative for chills, obvious distress, acute pain, poor PO intake, shortness of breath, vomiting,	et3	et3
22:59 22:54	Respiratory: Positive for cough, "sounds productive", wheezing, Negative for hemoptysis, orthopnea, pleurisy, shortness of breath,	et3	et3
23:01 22:56	Respiratory: moderate respiratory distress is noted, Respirations: labored breathing, is not present, asymmetrical chest movement, is not seen, accessory muscle usage, is absent, grunting, is not present, nasal flaring, is not appreciated, paradoxical chest movement, is absent, prolonged exhalation, is not present, pursed lip breathing, is not present, intercostal retractions, that is moderate, shallow respirations, are not present, splinting, is not noted, tachypnea, is appreciated Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is moderate, is scattered, is heard diffusely, bronchial sounds, are not appreciated, decreased breath sounds, are not appreciated, stridor, is not appreciated,	et3	et3

Nurse's Notes

Name: Aaliyah
Age: 2 years Sex: Female DOB: 10/01/2013
Arrival Date: 11/02/2015 Time: 22:27
Bed Holding

Willis Knighton South

MRN: K000629604
Account#: K31687676
Private MD: Allen, dr.

Presentation:

11/02 Method of Arrival: Ambulatory.

jmh

22:31 Acuity: 2 - Emergent.

jmh

22:35 Preferred language for medical communication is English. Presenting complaint: Mother states: difficulty breathing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Mechanism of Injury: denies injury.

spf1

Triage Assessment:

22:35 **General:** Appears well developed, well nourished, well groomed, distressed, Behavior is crying, fussy, mobility; ambulates without assistance Reports fever for 0-12 hours, feeling ill for 0-12 hours. Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 4 out of 10.

spf1

Historical:

- Allergies: No known Allergies;
- Home Meds:
 1. No Home Medications
- PMHx: None
- PSHx: None

Historical:

22:39 Family history: Father has/had no known health problems. Mother has/had no known health problems. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor.

spf1

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed.

et3

Screening:

22:35 Abuse screen:

spf1

there are no obvious signs of child abuse.

Patient fall risk assessment; risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.

Learning Barriers: age barrier identified, caregiver ready and willing to learn, prefers oral and written instructions.

Pedi Fall Risk None identified.

Exposure risk/Travel Screening: None identified.

Assessment:

22:40 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears well developed, well nourished, well groomed, distressed, Behavior is appropriate for age, mobility; ambulates without assistance Reports fever for 0-12 hours. **Neuro:** Level of Consciousness is alert, awake, obeys commands, appropriate to pain. Oriented to person, place. **EENT:** No deficits noted. Parent/caregiver reports the patient having nasal congestion nasal discharge.

spf1

Cardiovascular: Heart tones S1 S2 present. **Respiratory:** Respiratory effort is labored, with retractions, grunting, Respiratory pattern is symmetrical, tachypnea. Airway is patent Breath sounds with wheezes upon exhalation, bilaterally. Parent/caregiver reports the patient having cough that is non-productive.

Gastrointestinal: Denies Pt's mother denies nausea, vomiting Parent/caregiver reports the patient having normal bowel habits. **Genitourinary:** Parent/caregiver reports the patient having normal urinary habits.

Dermatologic: Skin is intact, is healthy with good turgor, Skin is dry, Skin is pink, warm & dry, normal, Skin temperature is warm. **Musculoskeletal:** No deficits noted. Range of motion intact in all extremities.

23:08 **Gastrointestinal:** Pt is actively vomiting yellow contents.

k3

23:35 **Respiratory:** Reassessment: Patient states symptoms have improved. appears to be sleeping. No longer grunting. Lungs sounds clear bil with slight wheeze auscultated. Mom holding patient in bed..

k3

11/03

09:00 Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance. **Neuro:** Level of

jcm

Nurse's Notes Con't

Consciousness is alert, awake, Oriented to person. EENT: No deficits noted. Respiratory: Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. Dermatologic: Skin is healthy with good turgor. Musculoskeletal: No deficits noted. Age appropriate behavior- Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, fears pain, safety concerns.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11/02		184	34		86% on R/A	11.79 kg / 25 lbs 16 oz	34 in. (86 cm)	6/10	jmh
22:34									
22:39				101.0(R)					spf1
22:43		189	52						spf1
22:47					100% on 5% Aerosol Mask				spf1
23:09		201	40		98% on 1.5 lpm NC				lt3
23:35		197	40		100% on 1.5 lpm NC				lt3
11/03		172	28		100% on 1.5 lpm NC				spf1
00:16									
00:22				100.5(R)					spf1
01:05					100% on 1.5 lpm NC				spf1
01:12		161							spf1
01:32				99.9(R)					spf1
02:06		172	32		100% on 1.5 lpm NC				lt3
02:35					100%				lt3
03:04		154	32		100% on 1.5 lpm NC				spf1
04:45		145	32		100% on 1.5 lpm NC				spf1
06:10	132 / 51	167			100% on 12% Aerosol Mask				mg3
06:47		161	34	98.6(R)	97%				mg3
07:00					100%				jcm
07:15					100%				jcm
07:30		156	32		99% on 2 lpm NC			0/10	jcm
07:45					100%				jcm
08:00					100%				jcm
08:15					100%				jcm
08:30					98%				jcm
08:45					98%				jcm
09:10					99%				jcm
09:20					98%				jcm
09:30					99%				jcm
09:40					99%				jcm
10:00					100%				jcm

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:04

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Nurse's Notes Con't

10:15				100%			jcm
10:30				100%			jcm
10:34		134	32	100% on 2 lpm NC			jcm
12:42		154	26	100% on 2 lpm NC		0/10	jcm

07:30 FLACC (infant-toddler)

jcm

06:10 pt crying during vitals

mg3

Vitals:

11/02 Acuity: 2 - Emergent.

jmh

22:34

22:39 Body Mass Index = 15.94.

spf1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
22:34	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh

ED Course:

22:27 Patient arrived in ED.

ms2

22:27 Patient moved to KIOSK.

ms2

22:31 Allen, dr. is Private Physician.

jmh

22:36 Patient moved to 14.

jmh

22:38 Patient moved to 1.

mg3

22:38 Fitzgerald, Stormy, RN is Primary Nurse.

spf1

22:40 Patient/caregiver encouraged to voice any concerns. Side rails up X2. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Pulse ox on. Bedside monitor alarms on and audible.

spf1

22:47 Inserted saline lock IV, 24 gauge in right antecubital area and blood collected. Per Lauren, RN. O2 via Pt placed on aerosol mask at 5L/min.

spf1

22:52 Paul, Edward, MD is Attending Physician.

ep

23:05 Patient moved to Radiology.

tmc

23:05 Patient moved to 1.

tmc

23:05 Chest Xray Portable 1 View Sent.

tmc

23:08 O2 via nasal cannula @ 1L/min.

lt3

23:38 O2 via nasal cannula 1.5L/min.

spf1

11/03 Patient moved to Radiology.

tmc

00:13

00:13 Chest Xray Portable 1 View Sent.

tmc

00:13 Neck Soft Tissue Sent.

tmc

00:20 Patient moved to 1.

tmc

01:24 No apparent distress. Resting quietly.

spf1

02:07 No apparent distress. Resting quietly. playing game on phone.

lt3

03:06 No apparent distress. Appears to be sleeping.

spf1

03:28 Tran, Sharon, MD is Admitting Physician.

ep

03:29 Waiting for Bed Assignment.

ep

Name: Aaliyah

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:04

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Nurse's Notes Con't

04:19 Patient moved to Holding.	srt
04:45 No apparent distress. Appears to be sleeping. Pt's mother at bedside.	spf1
05:52 Discontinued IV lock intact, bleeding controlled, pressure dressing applied, IV site resistance to flush, redness, swelling, and discomfort noted. IV infiltrated and discontinued.	spf1
05:58 Inserted saline lock IV, 24 gauge in left hand.	spf1
06:14 Critical Med Co-Sign: Solu-Medrol 20 mg IV, dosage verified by Stormy, RN.	spf1
06:14 Critical Med Co-Sign: Albuterol 0.5 unit dose, dosage verified by Stormy, RN.	spf1
06:15 Crying, fussy.	spf1
06:21 Diet: diet tray ordered.	spf1
06:55 Primary Nurse role handed off by Fitzgerald, Stormy, RN.	jcm
06:55 Mathews, Janet, RN is Primary Nurse.	jcm
06:55 Report received from Stormy, RN, using the SBAR communication method.	jcm
07:02 Report given to Janet, RN, using the SBAR communication method.	spf1
07:08 No apparent distress. Resting quietly. Appears to be sleeping. Awaiting bed assignment. ER nurse to see patient. Pt visited by mother.	jcm
07:08 Admit orders noted, and initiated.	jcm
07:42 No apparent distress. Resting quietly. Appears to be sleeping. Awaiting bed assignment.	jcm
09:00 No apparent distress. Watching TV. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
09:00 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Pulse ox on. Bedside monitor alarms on and audible.	jcm
09:00 IV maintenance: IV is patent, is intact, arm board in place and secured.	jcm
09:22 Private physician Dr. Dr Matriano-Lim Called asking about status of patient. Advised there are no beds on Peds at this time.	jcm
10:29 No apparent distress. Resting quietly. Watching TV. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
11:32 No apparent distress. Resting quietly. Awaiting bed assignment. ER nurse to see patient. Pt visited by family.	jcm
12:15 Respiratory therapy at the bedside for breathing treatment.	jcm
12:40 Waiting for Bed Assignment.	jc3
12:42 No procedures done that require assistance.	jcm

Administered Medications:

Time	Drug & Dose	Route	Rate	Duration	Site	Delivery	Staff
11/02 22:42	DuoNeb 1 unit dose	Inhalation					jaw1
22:50	Follow up: Response: No Adverse Reaction; Respiratory status unchanged						lt3
22:49	Tylenol - Acetaminophen Suppository 160 mg	PR					spf1
11/03 00:15	Follow up: Response: Temperature is decreased						spf1
11/02 22:53	DuoNeb 1 unit dose	Inhalation					mg3
23:00	Follow up: Response: No Adverse Reaction; Respiratory status unchanged						lt3
23:08	SOLU-MEDrol 25 mg	IVP			right antecubital		lt3

Name: Aaliyah

MRN: K000629604
Account#: K31687676

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Nurse's Notes Con't

23:34	Follow up: Response: No Adverse Reaction					lt3
23:19	DuoNeb 1 unit dose	Inhalation				spf1
23:34	Follow up: Response: No Adverse Reaction; Respiratory status improved					lt3
11/03 00:30	Ibuprofen Suspension 1 dose	PO				lt3
01:32	Follow up: Temp 99.9 Rectal; Response: Temperature is decreased; No Adverse Reaction; Tolerated well					spf1
01:20	Rocephin 600 mg	IVPB			right antecubital	lt3
02:20	Follow up: Response: No Adverse Reaction; IV Status: Completed infusion; IV converted to saline lock					spf1
06:07	SOLU-MEDrol 20 mg	IVP			left hand	mg3
06:26	Follow up: Response: No Adverse Reaction; Tolerated well					spf1
06:09	Albuterol 0.5 unit dose	Inhalation				mg3
06:26	Follow up: Response: No Adverse Reaction; Tolerated well					spf1
06:09	Zithromax 120 mg	IVPB			left hand	mg3
08:52	Follow up: Response: No Adverse Reaction; IV Status: Completed infusion					jcm

1 - Note: Per Melissa, RN.

Outcome:

03:29 Admit ordered by MD.

ep

12:42 Moved to Pediatrics Room # 518, accompanied by tech, family with patient, with oxygen, with chart, Report called to Cassandra, RN on 5E, using the SBAR communication method. Instructed on admit to floor admission process Demonstrated understanding of instructions, medications. All belongings were taken to the room upon admit. **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen used on this visit.

jcm

12:57 Electronic medical record closed.

jcm

Signatures:

Taylor, Shirley	srt	Paul, Edward, MD	MD	ep
Mathews, Janet, RN	RN jcm	Jennings, Jacqueline		jc3
Cook, Tara, RT	RT tmc	Hartsell, Michael, RN	RN	jmh
Scriptuser, MEDHOST	ms2	Trickett, Lauren, RN	RN	lt3
Griggs, Melissa, RN	RN mg3	Turner, Elaina, Scribe		Scribe et3
Wright, Jennifer, RN	RN jaw1	Fitzgerald, Stormy, RN	RN	spf1

Corrections:11/02 ~~22:47 inserted saline lock IV, 22 gauge in right antecubital area and blood collected.~~

epf4 spf1

22:49

23:21 ~~22:47 inserted saline lock IV, 22 gauge in right antecubital area and blood collected. Per Lauren, RN~~

epf4 spf1

11/03 ~~07:30 Pulse Ox 88%;~~

07:45

jem jcm

12:44 ~~42:42 Moved to Pediatrics Room # 518, accompanied by tech, family with patient, with oxygen, with chart, Report called to , using the SBAR communication method.~~

jem jcm

Name: Aaliyah [REDACTED]

MRN: K000629604
Account#: K31687676

Print Time: 11/4/2015 15:08:04

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RUN DATE: 11/05/15 RUN TIME: 1514 RUN USER: BROOKT.NS	Willis Knighton South *ADMISSIONS* Discharge Orders/Discharge Medication Reconciliation	PAGE 1
WKS PNEUMOCOCCAL Vaccine Protocol PREVNAR 13 (Pneumococcal 13 Valent Vaccine) Administer Year Round		
Contraindications (Do NOT administer) (Check all that apply)		
<input type="checkbox"/> Patient does not meet vaccine indications below		
<input type="checkbox"/> Patient has received Pneumovax (Pneumococcal 23 Valent) vaccine within the last year		
<input type="checkbox"/> Patient has received Prevnar-13 (Pneumococcal) 13 Valent Vaccine		
<input type="checkbox"/> Patient refused vaccine		
<input type="checkbox"/> Known sensitivity to previous dose of pneumococcal vaccine		
<input type="checkbox"/> Known sensitivity to Diphtheria Toxoid containing vaccines		
Indications (Check all that apply)		
<input type="checkbox"/> 65 years of age or older AND none of the contraindications above		
<input type="checkbox"/> 65 years of age or older, pneumococcal vaccination status unknown AND none of the contraindications above		
If NO Contraindications: Administer Prevnar-13 (Pneumococcal 13 Valent Vaccine)		
<input type="checkbox"/> 0.5 mL IM		
Lot Number: _____		Manufacturer: _____
Date on vaccine information sheet: _____		Vaccine Information Sheet (VIS) given to patient: YES NO
Patient vaccine consent: _____		Patient Signature
*Document administration of vaccine on patient's MAR		

Assessment completed by: _____	Date / Time _____	Printed Name _____
--------------------------------	-------------------	--------------------

Clarification (by Pharmacy) of Prevnar-13 (Pneumococcal 13 Valent Vaccine order):

- ☐ The patient has received Pneumovax (Pneumococcal 23 Valent) in the last year. Do NOT administer
- ☐ The patient has previously received Prevnar-13 (Pneumococcal 13 Valent). Do NOT administer

Assessment clarification completed by: _____	Date / Time _____	Printed Name _____
--	-------------------	--------------------

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: _____ L
 Acct#: K31687676
 Room/Bed: K.E5518-1
 DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

RUN DATE: 11/05/15
RUN TIME: 1514
RUN USER: BROOKT.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 2

WKHS Adult Influenza Vaccine Protocol
INFLUENZA Vaccine [Quadrivalent Inactivated (killed)]
Administer September - March
Contraindications (Do NOT administer)
(Check all that apply)

- ☐ Patient under age 18 years of age
☐ Vaccine not required (April - August)
☐ Patient previously immunized this flu season
☐ Patient refused vaccine
☐ History of serious reaction to vaccine
☐ History of allergy to eggs
☐ History of Guillain-Barre Syndrome

Indications
(Check all that apply)

- ☐ 18 years of age or older AND none of the contraindications above

If NO Contraindications
Administer Influenza (Quadrivalent) Vaccine

- ☐ 0.5 mL IM

Influenza vaccine given

Lot number: _____ Manufacturer: _____

Date on vaccine information sheet: _____ Vaccine Information Sheet (VIS) given to patient: YES NO

Patient vaccine consent: _____
Patient's Signature

*Document administration of vaccine on patient's MAR


Assessment completed by: _____ Date / Time _____ Printed Name _____

This is a protocol approved by Medical Staff 9/2006 and revised 9/2007, 12/2010, 4/2012, 09/2013, 08/2015; therefore does not require a physician signature. This is in accordance with the Law Governing the Practice of Nursing and Louisiana State Board of Medical Examiners position statement. (LSBN, Examiner, Winter 2003)

THIS DOCUMENT IS A PERMANENT PART OF THE MEDICAL RECORD



Name: HENDERSON, [REDACTED] L
Acct#: K31687676
Room/Bed: K.E5518-1
DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

RUN DATE: 11/05/15 RUN TIME: 1514 RUN USER: BROOKT.NS	Willis Knighton South *ADMISSIONS* Discharge Orders/Discharge Medication Reconciliation	PAGE 3
Date of Discharge: <u>11/5/15</u> Discharge patient to: <u>Home</u> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Home Health <input type="checkbox"/> Physical Therapy </div> Diagnosis: <u>Reactive Airway Disease, URI, B/L acute otitis media</u> Allergies: <u>NKDA</u>		
1	Follow-up: <u>ECOP next week</u> Diet: <u>Reg</u> Vaccine Protocol: <input checked="" type="checkbox"/> Follow Flu/Pneumonia Vaccine Protocol Activity: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Resume normal activity <input type="checkbox"/> No driving <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Per physician instruction sheet <input type="checkbox"/> No climbing stairs <input type="checkbox"/> No lifting </div> </div> Hygiene Restrictions: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No restrictions <input type="checkbox"/> Shower only <input type="checkbox"/> Tub bath only </div> <div> <input type="checkbox"/> Sponge bath only <input type="checkbox"/> Other: _____ </div> </div> IV Therapy: <input type="checkbox"/> discharge with saline lock in place <input type="checkbox"/> discharge with PICC line in place <input type="checkbox"/> discharge with central line in place <input type="checkbox"/> discharge with port access needle in place Drainage devices: <input type="checkbox"/> discharge with urinary catheter in place <input type="checkbox"/> discharge with _____ drain in place <input type="checkbox"/> discharge with (other) _____ in place	
OR 2	<input type="checkbox"/> Complete NIBSS on discharge (NKP only) <input type="checkbox"/> See physician discharge sheet (attached)	
<div style="display: flex; justify-content: space-between; align-items: flex-start;">  <div style="text-align: right;"> Name: _____ L Acct#: K31687676 Room/Bed: K.E5518-1 DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27 </div> </div>		

Noted JBrook RN 11-5-15 @ 1635

RUN DATE: 11/05/15
RUN TIME: 1514
RUN USER: BROOKT.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 4

DISCHARGE MEDICATION RECONCILIATION

Continue at home? ☒ Yes ☐ No
Please circle

HOSPITAL MEDICATIONS

<input checked="" type="radio"/> Yes <input type="radio"/> No	ORAPRED U/D (PREDNISOLONE)	12 MG (4 ML)	(REFRIGERATE!)	PO	BID
Change: <i>x 3 days</i>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	PROVENTIL U/D (ALBUTEROL SOLUTION 0.083%)	AS DIRECTED		INH	.Q4H
(USE VIA INHALATION NEBULIZATION ONLY!)					
Change: <i>Q4 x 24th hr Q4-6 pm share</i>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	ZITHROMAX (AZITHROMYCIN)	60 MG (3 ML)		PO	DAILY
(SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)					
Change: <i>x 2 days next dose tomorrow</i>					

Continue at home? ☒ Yes ☐ No
Please circle

PHM MEDICATIONS

<input checked="" type="radio"/> Yes <input type="radio"/> No	PEDIA PROPEN (IBUPROFEN PED, SUSP)	120MG (6ML)	AS NEEDED FOR TEMPERATURE ≥ 101	PO	PRN .Q6H
(SHAKE WELL!) (SAME AS ADVIL/MOTRIN)					
Change:					
<input checked="" type="radio"/> Yes <input type="radio"/> No	TYLENOL (ACETAMINOPHEN)	175MG (5.5ML)	AS NEEDED FOR TEMPERATURE ≥ 100.4	PO	PRN .Q4H
(DO NOT EXCEED 4,000 MG/24HRS!)					
Change:					

ADDITIONAL MEDICATIONS (NEW MEDICATIONS)



Name: [REDACTED] L
Acct#: K31687676
Room/Bed: K.E5518-1
DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

Noted JP report PM 11-5-15 @ 1635

RUN DATE: 11/05/15 RUN TIME: 1514 RUN USER: BROOKT.NS	Willis Knighton South *ADMISSIONS* Discharge Orders/Discharge Medication Reconciliation	PAGE 5
Physician Signature: <u>[Signature]</u> Date: <u>11/5/15</u> Time: <u>330pm</u> Signature certifies the above discharge order and discharge medications		
Clarifications, if necessary		
<u>Noted J Brooks RN 11-5-15 @ 1635</u>		
Physician Signature: _____ Date: _____ Time: _____ (Signature only needed if clarifications are noted)		



Name: [REDACTED] L
Acct#: K31687676
Room/Bed: K.E5518-1
DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27

RUN DATE: 11/05/15
RUN TIME: 1514
RUN USER: BROOKT.NS

Willis Knighton South *ADMISSIONS*
Discharge Orders/Discharge Medication Reconciliation

PAGE 6

Home Medications NOT An Order

For Information/Comparison Only

NOT AN ORDER



Name: [REDACTED] L
Acct#: K31687676
Room/Bed: K.E5518-1
DOB: 10/01/13 Age: 2Y 01M Sex: F Weight: 27



Date Ordered	Time Ordered	Orders
11/4/15	10 AM	Social services consult for home re-evaluation
S.M. 2944		
11/4/15	12 PM	Ativan 4mg tab Q8 x 24hrs Albuterol 2.5 mg via nebs Q4 DTC IVF DTC Risperidone; DTC Sildenafil Oxycontin 12mg PO BID A Risperidone 60mg to PO Q day
S.M. 2944		
11/4/15	1230	Noted, D. Thompson RN
24hr Chart 1/ D. Thompson RN - 11/5/15 0300		

Prohibited Abbreviation:

IU
MgSO4
MS
MSO4
QD or qd

Please Use:

International unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation

q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:

every other day
unit
Never write a decimal point (X mg)
Always use a zero before a decimal point (O.x mg)

Committee Approved Blank Order Form - Must be Hand Written



PO0005



YAH L

Printed: 11/03/2015



Date Ordered	Time Ordered	Orders
		At Dr. Tran & Brice
		Albuterol 2.5 mg via neb Q6
11/3/15	345 pm	Diazepam 12 mg IV Q12
		Wt upon admission 12.57 kg
		FAXED Tylenol 175 mg PO Q4 prn temp ≥ 101
		Morphine 120 mg PO Q6 prn temp ≥ 101
		D5 1/2 NS @ 45 mL/hr
		Maintain O2 $\geq 90\%$, wear O2 as tolerated
		Vital Resp panel
		Rapid Myoelasm (+)

S.D. 2944

11/3/15	540 pm	Noted C. Pollard RN 11/3/15 @ 1700
		Albuterol 5 mg via nebulizer 1 hour x 1 hour
		then Albuterol Q2

Noted
K. Thompson
@ 1800
11-3-15

S.D. 2944

		Noted C. Pollard RN 11/3/15 @ 1700
--	--	------------------------------------

error

11-3-15, 1750		D/C above albuterol treatments
		TOV, Dr. Tran / Elaine Fox RN

FAXED

S.D. 2944 11/3/15 630 pm

11-3-15, 1800		Noted, 20 [redacted] Fox RN
11/3/15	8 pm	Albuterol 2.5 mg Q6 S.D. 2944

FAXED

Prohibited Abbreviation:
IU
MgSO4
MS
MSO4
QD or qd

Please Use:
International unit
magnesium sulfate
morphine sulfate
morphine sulfate
daily

Prohibited Abbreviation
q.o.d. or QOD
U or u
Trailing zero (x.0 mg)
Lack of leading zero (.x mg)

Please Use:
every other day
unit
Never write a decimal point (x mg)
Always use a zero before a decimal point (0.x mg)

Committee Approved Blank Order Form - Must be Hand Written

11-3-15 2300 240 Chart check ———— Janice Watson RN



P00005



YAH L

Printed: 11/03/2015



WILLIS-KNIGHTON HEALTH SYSTEM

EMERGENCY DEPARTMENT TEMPORARY ORDERS

Henderson

Date/Time 11/5/15 0348 Level of service: ☒ Inpatient admission (expected to stay 2 midnights) ☐ Observation

1. Attending M.D. Tren Level of care: ☒ Routine ☐ Telemetry ☐ Step-Down
☐ Critical Care ☐ PICU

2. Diagnosis: Febtile illness, Hypoxia, Reactive Airway

3. Allergies (Including Food): NKDA

4. Condition: ☐ Good ☒ Fair ☐ Poor

5. Vitals: Floor routine with BP every 4 hours; Weigh on admission and ☐ daily

☐ Urinary catheter/HOUDINI protocol; I & O every _____ hr; ☐ Neurological checks every _____ hr for _____ hr

6. NPO/Diet: Regular in comp

7. Activity: Ad lib Bed rest with bathroom privileges / Up with assistance / Complete bed rest

8. Lab/X-Ray: ☐ Bedside glucose _____, do not confirm: call MD if greater than 350 mg/dL or less than 70 mg/dL

☐ EKG & Troponin every 6 hours times 2 - reason for exam: _____

9. MEDS: ☐ Oxygen via Nasal Cannula 2L/min ☐ Oxygen protocol ☐ Other

Albuterol 1/2 unit dose by nebulizer Q 6 hours in comp

Solunedrol 20mg IV Q 6 hours ER

Rocphin 600mg IV Q 24 hours ED 0120

Zithromax 120mg IV PB first dose then 60mg IV PB Qd ED 0609

Tylenol 180mg Po 4 hours prn temp > 100 ER

ER
10. SALINE LOCK / IV FLUIDS: _____

11. OTHER: _____

12. CONSULT Dr _____

13. Complete care is turned over to Dr Mehrao-Lin on patient's admission to the hospital.
Notify him/her STAT or at _____ of admission/arrival and STAT for any problems or concerns.

Spoke to: Mehrao-Lin

Physician Signature

E. PAUL, MD

Printed Name or Dictation #

Noted J. Matton 11-3-15 @ 0708



PO0005

FAXED
100406



10/01/13 2Y 01M
Paul, Edward M.D.
K31687676

Rm
518

11/02/15



WILLIS-KNIGHTON HEALTH SYSTEM

Pediatric Hospitalist Progress Note

Date: 11/4/15 Time: _____ Name: _____

Interval History: Resting in ☐ bed ☒ chair ☐ crib ☒ No new problems/complaints

☐ Other: Afebrile. Still E. Coli. Appetite improving

Meds: ☒ Reviewed Remarks _____

☒ Discussed Assessment/Plan with ☐ patient ☒ family at ☒ bedside ☐ per phone

ROS: ☐ 10 systems reviewed otherwise Negative

Positive: _____

Interval Physical Exam:

Vitals: temp 97.2 HR 114 RR 35 O2 sat 95 RA

General: ☒ Well-hydrated ☐ WN ☒ NAD ☒ Nontoxic ☐ Remarks _____

HEENT: ☒ Normocephalic atraumatic ☐ Anterior fontanelle open & flat ☒ PERRL ☐ Conjunctiva clear

☐ No rhinorrhea/congestion ☐ Nasal flaring ☐ Tympanic membranes normal bil ☒ Oral mucosa moist ☒ Pharynx normal

☐ Remarks: Clear rhinorrhea, TM membranes BIL, ↓bulge

Neck: ☐ Normal ☒ Supple ☐ No rigidity ☐ Adenopathy ☐ Masses ☐ Jugular vein distention ☐ Remarks _____

Heart: ☐ Normal ☒ S1S2 normal ☐ RRR ☐ Murmur ☐ Remarks _____

Lungs: ☐ Normal ☐ CTA bil ☒ Unlabored Air movement: ☐ Good ☒ Fair ☐ Poor ☐ Unlabored ☐ Rales ☐ Rhonchi

☒ Wheeze (end expiratory/inspiratory) ☐ Crackles ☐ Retractions ☐ Stridor ☐ Remarks _____

Abdomen: ☐ Normal ☒ Soft ☐ Non-tender ☒ Non-distended ☒ Normal active bowel sounds ☐ Hepatosplenomegaly

☐ Masses ☐ Remarks _____

Extremities: ☐ Normal ☐ Cyanosis ☒ Capillary refill less than 2 seconds ☐ Edema ☐ _____ Pulses

☐ Remarks _____

Musculoskeletal: ☐ Normal ☒ Joints full ROM ☐ Pain ☐ Contractures ☐ Weakness ☐ Remarks _____

Skin: ☒ Normal ☐ Warm/dry ☐ Rash ☐ Remarks _____

Neuro: ☒ Normal/nonfocal ☐ Warm/dry ☒ Awake ☒ Alert ☐ Oriented ☐ Times 3 ☐ Irritable ☐ Sedated ☐ CN 2-12 intact

☐ Remarks _____

Lab: ☐ Reviewed ☐ Abnormals

Ca _____

Segs _____

Alb _____ Ast/Alt _____

Bands _____

Alk/Phos _____

Lymphs _____

T/Dbili _____

Other: Mycoplasma IgM ⊕ Viral Rtg panel ⊕
Blood cx pending

Impression: 2 y/o female T URTI, Acute BIL,
Reactive airway exacerbation, Fibrile illness.
↓PO intake & activity improving

Plan: ☒ See orders ☒ Continue medical management

☐ Recommendations per consultant/s: _____

☒ Follow labs ☒ O2, Respiratory Therapy

☒ Continue antibiotics, Day #2 Zithromax

☐ Continue therapy/Rehab ☒ Nutrition support

Discharge. No 2 docs

Δ All to OT; Δ to PO feeds/

Oral.

Plan Blood cx

Physician Signature _____

Date/Time _____

☒ Sharon Tran, M.D. (2944)

☐ Greg Oji, M.D. (2977)

PN650_1

Devised 05/01/2015

Committee Approved 05/11/2015

Page 1 of 1



PN0005



HENDERSON, AALIYAH L

10/01/13 2Y 01M

Tran, Sharon N M.D. K.E5518

K31687676

11/03/15

Patient Name: [REDACTED] L

Unit No: K000629604 SS#:

Admitting Diagnosis: FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY

EXAM#	TYPE/EXAM	RESULT
001100206	XR/CHEST XRAY PORTABLE 1 VIEW	

REASON FOR EXAM: Cold Symptoms

CHEST:

Dictated Time: 9:55 AM

Interpretive Location: WKS

AP CHEST: Heart size and contour are within normal limits. The lungs are clear of infiltrate, mass or effusion. No significant skeletal abnormality is noted.

Impression: Normal chest.

** REPORT ELECTRONICALLY SIGNED 11/04/2015 (0801) **

Reported By: J.M.ALBA,M.D. (ELEC.SIGN) WKS

Signed By: ALBA,JOSE M
11/04/2015 0801

CC: Allen, Larry M M.D.

Transcribed Date/Time: 11/03/2015 (1757)

Transcriptionist: GRIMEC.RD

Printed Date/Time: 11/04/2015 (0802)

Tech: TARA COOK,

PAGE 1

CHART COPY

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Paul, Edward M.D.
DOB: 10/01/2013 Age: 2Y 1M Sex: F
Acct No: K31687676 Loc: K.E5518 1
Exam Date: 11/02/2015 Status: ADM IN
Radiology No:

Patient Name: [REDACTED] L

Unit No: K000629604 SS#:

Admitting Diagnosis: FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY

EXAM#	TYPE/EXAM	RESULT
001100214	XR/NECK SOFT TISSUE	

REASON FOR EXAM: Cold Symptoms

SOFT TISSUE VIEWS OF NECK:

Dictated Time: 9:55 AM

Interpretive Location: WKS

Upper respiratory airways unremarkable. Prevertebral soft tissues are within normal limits.

IMPRESSION:

No definite abnormalities are seen.

** REPORT ELECTRONICALLY SIGNED 11/04/2015 (0802) **
Reported By: J.M.ALBA,M.D.(ELEC.SIGN)WKS
Signed By: ALBA,JOSE M
11/04/2015 0802

CC: Allen, Larry M M.D.

Transcribed Date/Time: 11/03/2015 (1755)
Transcriptionist: GRIMEC.RD
Printed Date/Time: 11/04/2015 (0802)
Tech: TARA COOK,

PAGE 1

CHART COPY

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Paul, Edward M.D.
DOB: 10/01/2013 Age: 2Y 1M Sex: F
Acct No: K31687676 Loc: K.E5518 1
Exam Date: 11/03/2015 Status: ADM IN
Radiology No:

Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

(K000629604)
 Age/Sex: 2Y 01M F
 Room: SES K 15518 1 (Admitted 11/03/15)

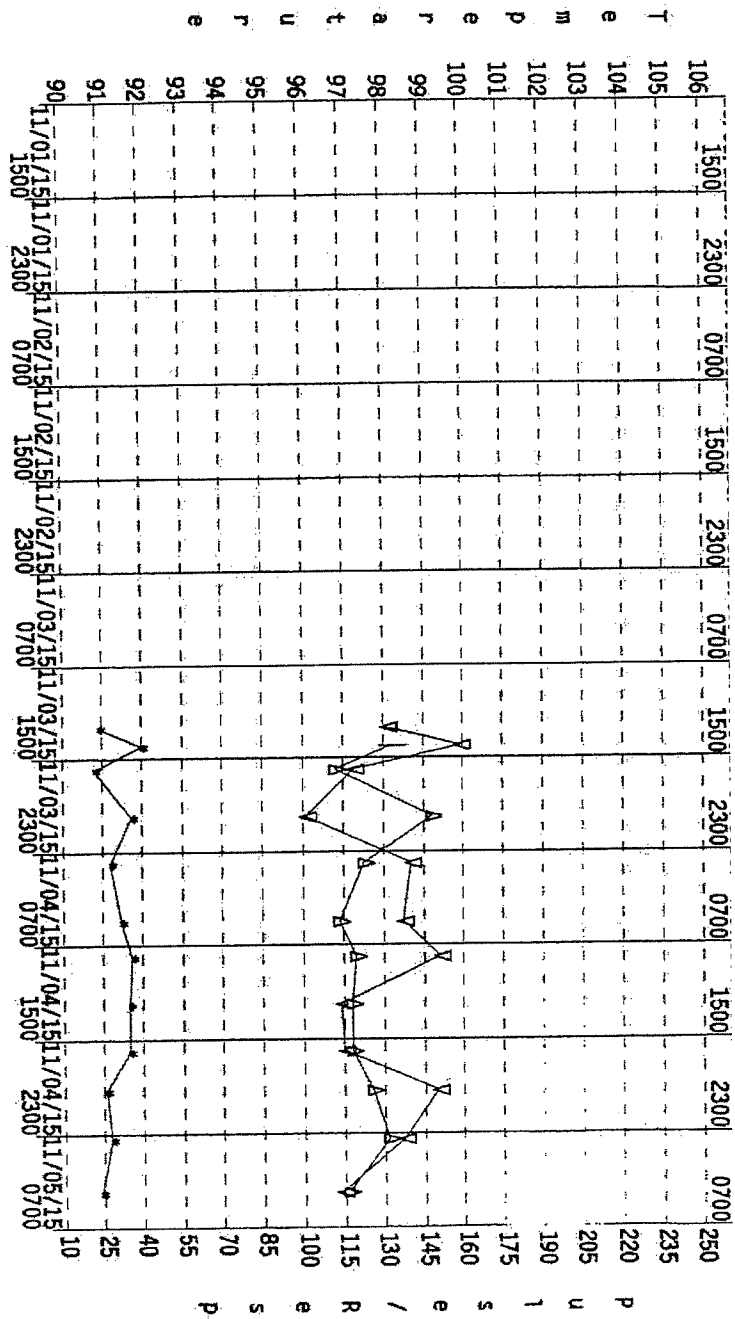
96 hours
 From Nov 1, 2015 0701 to Nov 5, 2015 0700
 Printed 11/05/15 at 0637 by THOMAS7.NS

Vital Signs

Date-Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
11/03/15 1224			131	24						
11/03/15 1358			159	40	Machine	98.2	Axillary			
11/03/15 1500								25	12.71	
11/03/15 1600			119	22	Machine	96.8	Tympanic			96
11/03/15 2000			101	36	Machine	99.2	Tympanic			
11/03/15 2200								27	11.4	
11/04/15 0000			140	28	Machine	97.5	Tympanic			97
11/04/15 0500			137	32	Machine	96.9	Tympanic			100
11/04/15 0800			151	36	Machine	97.3	Tympanic			100
11/04/15 1200			114	35	Machine	97.2	Tympanic			95
11/04/15 1600			115	35	Machine	97.2	Tympanic			99
11/04/15 1920			150	26	Machine	97.7	Tympanic			99
11/04/15 2330			137	28	Machine	98.1	Tympanic			97
11/05/15 0400			114	24	Machine	97.1	Tympanic			97

Intake & Output

Period: 12.00	11/03/15	11/04/15		11/04/15	11/05/15	
hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL: Not ETO		480	480	620	264	884
IV:		470	470			
IVPB:		125	125			
Total Intake		1075	1075	620	264	884
Output (ml)						
Void X MM:		3		3	3	
Stool X:				2	1	
Fluid Balance		1075	1075	620	264	884



Willis-Knighton South Nursing **LIVE**
Vital Signs / I&O / Diabetic Flowsheet

Page: 1

HENDERSON, AALIYAH L (K000629604)

Age/Sex: 2Y 01M F

Room: SES K E5518 I (Admitted 11/03/15)

96 hours
from Oct 31, 2015 0701 to Nov 4, 2015 0700
Printed 11/04/15 at 0653 by WATSOJ1.NS

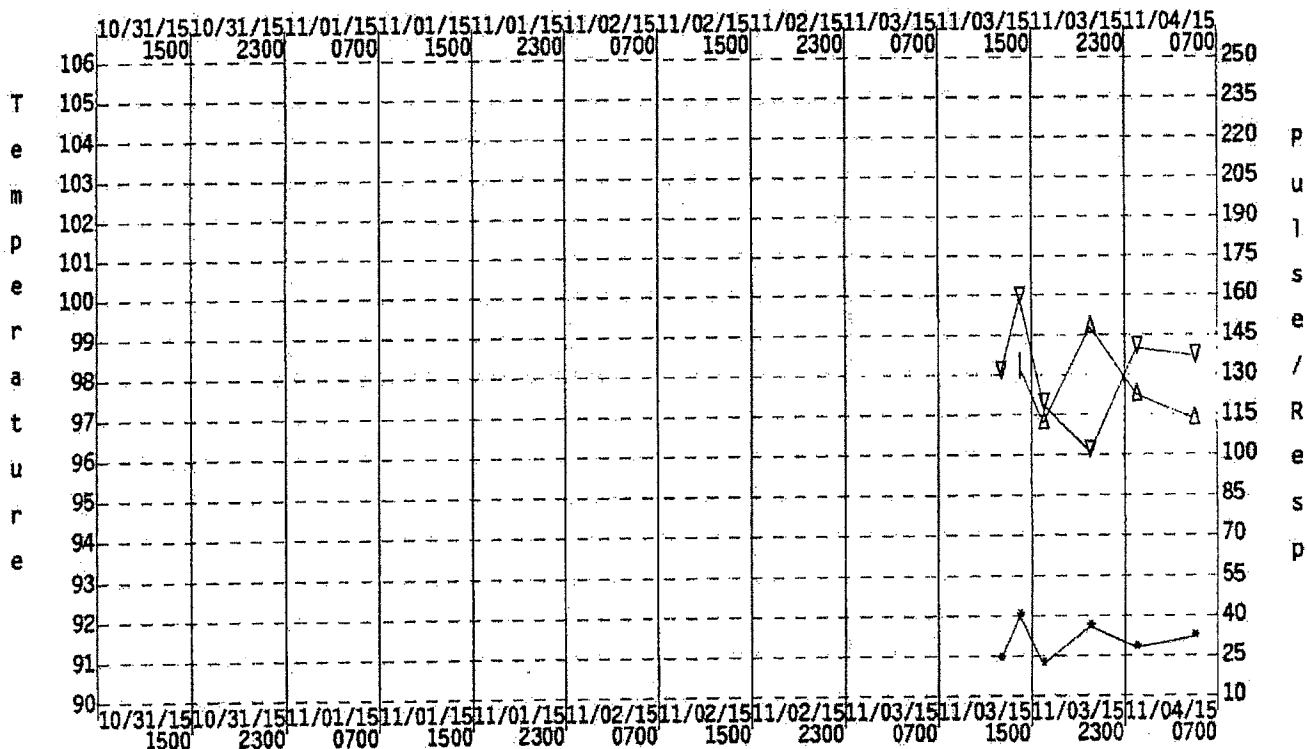
Vital Signs

Date/Time	B/P	BP Pos	Pulse	RR	HR Src	Temp	Temp Src	Weight (LB)	Weight (OZ)	SAO2:
11/03/15 1224			131	24						
11/03/15 1358			159	40	Machine	98.2	Axillary			
11/03/15 1500								25	12.71	
11/03/15 1600			119	22	Machine	96.8	Tympanic			96
11/03/15 2000			101	36	Machine	99.2	Tympanic			
11/03/15 2200								27	11.4	
				28	Machine	97.5	Tympanic			97
11/04/15 0500			137	32	Machine	96.9	Tympanic			100

Intake & Output

Period: 12.00	11/02/15	11/03/15		11/03/15	11/04/15	
Hrs Ending	1900	0700	*24 hr*	1900	0700	*24 hr*
Intake (ml)						
ORAL: Not E2O					480	480
IV:					470	470
IVPB:					125	125
Total Intake					1075	1075
Output (ml)						
void x MM:					3	
Fluid Balance					1075	1075

Δ T/Tympanic • R/Rectal/No Response ○ O/Orally | A/Axillary X / • Resp. Rate: ∇ Heart Rate:
↑ Off graph



RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L ACCT #: K31687676 LOC: 5ES U #: K000629604
AGE/SX: 2Y 01M/F ROOM: K.E5518 REG: 11/02/15
REG DR: Tran, Sharon N M.D. STATUS: DIS IN BED: 1 DIS: 11/05/15

CHEMISTRY
GENERAL CHEMISTRY

Day	1	Reference	Units
Date	NOV 2		
Time	2240		
=> Glucose	(a) H	(70-109)	mg/dL
=> Potassium	5.4 H	(3.5-5.1)	mmol/L
=> Sodium	141	(136-145)	mmol/L
=> Chloride	108 H	(98-107)	mmol/L
=> CO2	25	(21-32)	mmol/L
=> BUN	11	(7-18)	mg/dL
=> Creatinine	0.43		mg/dL
=> Calcium	9.8	(8.5-10.1)	mg/dL
=> Anion Gap	8.0	(5.0-15.0)	mmol/L

NOTES: (a) 152 H
See also (b)
(b) Glucose Reference Ranges:

Fasting Glucose Level: 70-109 mg/dL
Impaired Fasting Glucose: 110-125 mg/dL
Defined by the ADA as a category at risk for future
diabetes and cardiovascular disease.

The American Diabetes Association (ADA) recommends the
following criteria for the diagnosis of diabetes:

Abnormal Fasting Glucose: ≥ 126 mg/dL
Symptoms of diabetes and a random glucose: ≥ 200 mg/dL

Patient: [REDACTED] L Age/Sex: 2Y 01M/F Acct#K31687676 Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 2

LOCATION

Patient: [REDACTED] L #K31687676 (Continued)

HEMATOLOGY

Day	1			
Date	NOV 2			
Time	2240		Reference	Units
=> White Blood Cel	22.2 H		(5.0-12.0)	10 ⁹ /L
=> Red Blood Cell	5.15 H		(4.1-5.1)	10 ⁶ /uL
=> Hemoglobin	10.9 L		(11.0-14.0)	g/dL
=> Hematocrit	35.2		(33.0-42.0)	%
=> MCV	68.4 L		(74.0-89.0)	fL
=> MCH	21.3 L		(27.1-34.2)	pg
=> MCHC	31.1 L		(33.0-35.6)	g/dL
=> RDW	17.2 H		(12.0-14.5)	%
=> Platelet Count	481 H		(130-351)	10 ³ /uL
=> Mean Plt Volume	7.3		(6.6-10.2)	fL
=> Neutrophils	89.4		(Not Estab.)	%
=> Lymphocytes	6.2		(Not Estab.)	%
=> Monocytes	4.1		(3-10)	%
=> Eosinophils	0.0		(0.0-8.0)	%
=> Basophils	0.3		(0.0-3.0)	%
=> Neutrophils #	19.8		(Not Estab.)	10 ³ /uL
=> Lymphocytes #	1.4		(Not Estab.)	10 ⁹ /L
=> Monocytes #	0.9		(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.0		(Not Estab.)	10 ³ /uL
=> Basophils #	0.1		(Not Estab.)	10 ³ /uL

Viral Respiratory Panel

Day	2			
Date	NOV 3			
Time	1815		Reference	Units
=> Adenovirus PCR	(c)			
=> Coronaviru 229E	(d)			
=> Coronaviru HKU1	(e)			
=> Coronaviru NL63	(f)			
=> Coronaviru OC43	(g)			
=> Human Metapneum	(h)			
=> Human Rhino/Ent	(i)			
=> Influenza A PCR	(j)			

NOTES: (c) Not Detected
 (d) Not Detected
 (e) Not Detected
 (f) Not Detected
 (g) Not Detected
 (h) Not Detected
 (i) Not Detected
 (j) Not Detected

Patient: [REDACTED] L Age/Sex: 2Y 01M/F Acct#K31687676 Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 3

LOCATION

Patient: [REDACTED] L #K31687676 (Continued)

Viral Respiratory Panel Continued

Day	2				
Date	NOV 3				
Time	1815			Reference	Units
=> Influenza B PCR	(k)				
=> Parainfluenza 1	(l)				
=> Parainfluenza 2	(m)				
=> Parainfluenza 3	(n)				
=> Parainfluenza 4	(o)				
=> RSV	(p)				
=> Bordetella pert	(q)				
=> Chlamyd pneumon	(r)				
=> Mycoplas pneumo	(s)			(Not Detect)	

Test	Day	Date	Time	Result	Reference	Units
=> M pneumo IgM	2	NOV 3	1855	POSITIVE	(NEGATIVE)	

Source: Blood

> Culture, Blood Final 11/09/15
NO GROWTH AT 5 DAYS

NOTES: (k) Not Detected
(l) Not Detected
(m) Not Detected
(n) Not Detected
(o) Not Detected
(p) Not Detected
(q) Not Detected
(r) Not Detected
(s) Not Detected
See also (t)
(t) Note: Methodology: FDA approved multiplex nested real time PCR

Performed by: University Health Shreveport Virology Lab
1541 Kings Hwy.
Shreveport, LA 71103-3932

Patient: [REDACTED] L Age/Sex: 2Y 01M/F Acct#K31687676 Unit#K000629604

Age/Sex: 4Y 04M F
 Unit #: K060629604
 Admitted: 11/02/15 at 2235
 Status: D'S IN

Attending: Tran, Sharon N.M.D.
 Account #: K0687676
 Location: 5E9
 Room/Bed: K.255.8-1

ENDERSON [REDACTED]
 Willis-Knighton South Nursing *LIVE**
 Patient's Plan of Care - PEDIATRIC BASIC PLAN OF CARE

Status: Discharged
 Initiated: 11/03/15
 Completed: 10/02/19
 Protocol: at 1353

INTERVENTIONS	COMP BY	TRGT	COMP BY	DATE & TIME	DIRECTIONS	STS
Basic Pediatric Nursing Care						
* Basic nursing care will be provided.	D 11/03/15 CJP	D 11/03/15 CJP	11/07/15			D
* Reassessment/Evaluation - Pediatrics Direction ->07.19 Document when done	11/03/15 CJP			11/03/15 1354 06.18		D
* Intake	11/03/15 CJP					D
- PROTOCOL: I&O	11/03/15 CJP			11/03/15 1354 06.18		D
* Output	11/03/15 CJP					D
- PROTOCOL: I&O	11/03/15 CJP			11/03/15 1354 06.18		D
* Vital Signs	11/03/15 CJP					D
* Vital Signs taken by a NAI are reviewed by at RN.	11/03/15 CJP					D
- PROTOCOL: VITALS/NIS	11/03/15 CJP			11/03/15 1354 06.18		D
* Feed With Assistance	11/03/15 CJP					D
- PROTOCOL: FEEDING	11/03/15 CJP			11/03/15 1354 06.18		D
* Formula Prep	11/03/15 CJP					D
* Feed Formula Per Family Or Staff	11/03/15 CJP			11/03/15 1354 06.18		D
* Bath, Total Bed - Toddler	11/03/15 CJP					D
- PROTOCOL: BATHING	11/03/15 CJP			11/03/15 1354 06.18		D
* Diaper Changed	11/03/15 CJP					D
* Emotional Support/Teaching	11/03/15 CJP			11/03/15 1354 06.18		D
* Clergy Visits	11/03/15 CJP					D
* Physician Rounds	11/03/15 CJP			11/03/15 1354 06.18		D
* Discharge Assessment/Planning	11/03/15 CJP					D
* Weight, Daily, PEDI Or NSY	11/03/15 CJP			11/03/15 1354 06.18		D
* Pain, Infant Scale	11/03/15 CJP					D
* Also perform PRN for painful procedures	11/03/15 CJP			11/03/15 1354 06.18		D
* Critical Value Reporting	11/03/15 CJP					D
INJURY, POTENTIAL FOR	D 11/03/15 CJP	D 11/03/15 CJP	11/07/15			D
* No evidence of injury to patient.	11/03/15 CJP			11/03/15 1354 06.18		D
* Safety Checks	11/03/15 CJP			11/03/15 1354 06.18		D
* TV Size R. Check/Date	11/03/15 CJP			11/03/15 1354 06.18		D
KNOWLEDGE DEFICIENT	D 11/03/15 CJP	D 11/03/15 CJP	11/07/15			D
* Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.	11/03/15 CJP			11/03/15 1354 06.18		D
RT- WHEEZING AND/OR ALTERED RESPIRATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP	D 11/03/15 TS	D 11/03/15 TS				D
* RT: Correct or prevent bronchospasm, improve breath sounds.	D 11/03/15 TS	D 11/03/15 TS	11/13/15			D
RT- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR POTENTIAL TO DEVELOP	C 11/03/15 TS	C 11/03/15 TS	11/04/15 DRW			D
* RT: Improve oxygenation, correct hypoxemia, prevent hypoxia.	C 11/03/15 TS	C 11/03/15 TS	11/04/15 DRW			D
Breathing Pattern, Ineffective	D 11/04/15 DSS	D 11/04/15 DSS	11/07/15			D
* AIRWAY BREATHING EFFECTIVE	D 11/04/15 DSS	D 11/04/15 DSS		11/04/15 1729 06.18		D
* Breathing Pattern, Ineffective	11/04/15 DSS			11/04/15 1729 06.18		D
* O2 Delivery	11/04/15 DSS			11/04/15 1729 06.18		D

ADDITIONAL INTERVENTIONS	INT BY	COMP BY	DATE & TIME	DIRECTIONS	STS SRC
* RT - Initial Assessment	11/03/15 TS				D, PS
* Patient Education	11/03/15 TS		11/03/15 1337 AS NEEDED		D, PS
* Pediatric Admit Assessment	11/03/15 CJP		11/03/15 1358 ADMET		D, AS
* PAIN Assessment / Management - PEDI	11/04/15 SW		11/04/15 0108 PRN		D, PS
Use to document the effectiveness of medications given specifically					

Page 2
Printed
11/01/19
at 1353

Status: Discharged
Initiated: 11/03/15
Completed:
Protocol:

HENDERSON

Age/Sex: 4Y 04M F
Unit #: K000629604
Admitted: 11/02/15 at 2235
Status: DTS IN

Attending: Tran, Sharon N M.D.
Account #: K31687676
Location: SES
Room/Bed: K.ES5-B-1

Willis-Knighton South Nursing **22VE**

Patient's Plan Of Care - PEDIATRIC BASIC PLAN OF CARE

ADDITIONAL INTERVENTIONS	DATE & TIME	PERFORMED BY	DATE & TIME	PERFORMED BY	STS SRC
for the control of pain. Ask patient to be specific regarding location, severity, and type of pain.					
* Discharge Summary 2 Ped	11/05/15 1628	AT TIME OF DISCHARGE			D AS

Monogram	Initials	Name	Nurse Type
CLP	COORCA NS	FOLLARD, OLIVANDRA J	RN
DRW	WILLID RT	WILLIAMS, DEBRA R	RNC
DSS	BAINED NS	SINGSON, DIANA S.	RN
JW	WATSON NS	WATSON, JESSICA	RN/EP
TEB	BROOKS NS	BROOKS, TERRI L	RNC
TS	JONES RT	STILES, TANYA	CT

Page: 1 of 39
Printed 10/01/19 at 1353

Williams-Knighton South Nursing **LIVE**
HEMS PRINT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F
Unit #: K000629604
Admitted: 11/02/15 at 2235
Status: DIS IN
Attending: Tran, Sharon N M.D.
Account #: K31687676
Location: SES
Room/Bed: K.E55-8-1

Problem/Goal/Intervention Description				Sts Directions				From							
Activity Type	Occured Date	Recorded Time by Date	Time by Date	Documented Units	Comment	Units	Change	Activity Type	Occured Date	Recorded Time by Date	Time by Date	Documented Units	Comment	Units	Change
Activity Date: 11/03/15 Time: 0900															
990004-B	RT - Oxygen Therapy	11/03/15 0900 TS	11/03/15 1338 TS	A DAILY			CP								
Activity Date: 11/03/15 Time: 0900															
990004-B	RT - Oxygen Therapy	11/03/15 0900 TS	11/03/15 1345 TS	A DAILY			CP								
Is This a New Start: Y Protocol Y															
Oxygen Device NC	FIO2 28	IPM 2.00	SAO2: 100												
Alert Value: No			Time Reported:												
Has Potential For Hypoxemia Due To: Other															
Is Patient Progressing Toward Goal: Goal Note:															
Hours Used	Transfer/Discharged/Discontinued			Reordered											
Comments: SET UP 2LPM IN ER HOLDING. WARNED TO LHM SAT REMAINS 100%. REASSESS : PER O2 PROTOCOL DAILY. SAT WAS 93% ON 2LPM WHEN SHE FIRST CAME IN ER.															
Activity Date: 11/03/15 Time: 1224															
1-D	Patient Education	11/03/15 1224 TS	11/03/15 1341 TS	A AS NEEDED	0.0		PS								
Learner: Guardian															
Learner's Preferred Method: One-on-One Teaching															
Language Spoken: (002): English															
If Other, Describe:															
*Religious or Cultural practices that may affect learning: N															
If YES, describe:															
*Physical limitations that may affect learning (Y/N): Y															
If YES, describe: 2 YEAR OLD															
*Cognitive limitations that may affect learning (Y/N): N															
If YES, describe:															
*Emotional limitations that may affect learning (Y/N): N															
If YES, describe:															
If patient has pain, what issues have been discussed with patient regarding this:															
:NA															
:NA															
Pt/Family encouraged to report concerns about Pt. safety issues: Y															
What safety issues have been addressed with the patient: TWO PT. IDENTIFIERS CHECKED															
:															
*Is patient/family motivated to learn (Y/N): Y															
If NO, explain:															
:NA															
LEARNING NEEDS TEACHING SUMMARY															
Vitals: PRE POST															
Discharge Needs: Y Patient Education: N Pulmonary Rehab: N															
Comments: PATIENT IN ER AT THIS TIME.															
990008-A RT - Aerosol Therapy															
Is Document 11/03/15 1224 TS 11/03/15 1344 TS															
Is This a New Start: Y Protocol N Therapy Given: Y If so, why:															
Therapy Frequency Q6H															
Meds/Dosage: 1/2 UD ALBUTEROL															
Heart Rate: 131 Resp. Rate: 24															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Evidence Of Learning Demonstrated By: Expresses Understanding															
990001-B RT - Initial Assessment															
- Document 11/03/15 1224 TS 11/03/15 1343 TS															
Reason for RT Intervention: Other															
Allergy/-Med/Contact: NKCA															
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- Document 11/03/15 1224 TS 11/03/15 1343 TS															
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Mental Status:															
Evidence Of Learning Demonstrated By: Expresses Understanding															
990001-B RT - Initial Assessment															
- Document 11/03/15 1224 TS 11/03/15 1343 TS															
Reason for RT Intervention: Other															
Allergy/-Med/Contact: NKCA															
Allergy2/-Med/Contact: NKCA															
Does this patient have any food allergies/intolerance: N															
Food Allergies-Info:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Discharge Needs: Y Patient Education: N Pulmonary Rehab: N															
Comments: PATIENT IN ER AT THIS TIME.															
990008-A RT - Aerosol Therapy															
Is Document 11/03/15 1224 TS 11/03/15 1344 TS															
Is This a New Start: Y Protocol N Therapy Given: Y If so, why:															
Therapy Frequency Q6H															
Meds/Dosage: 1/2 UD ALBUTEROL															
Heart Rate: 131 Resp. Rate: 24															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Evidence Of Learning Demonstrated By: Expresses Understanding															
990001-B RT - Initial Assessment															
- Document 11/03/15 1224 TS 11/03/15 1343 TS															
Reason for RT Intervention: Other															
Allergy/-Med/Contact: NKCA															
Allergy2/-Med/Contact: NKCA															
Does this patient have any food allergies/intolerance: N															
Food Allergies-Info:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Discharge Needs: Y Patient Education: N Pulmonary Rehab: N															
Comments: PATIENT IN ER AT THIS TIME.															
990008-A RT - Aerosol Therapy															
Is Document 11/03/15 1224 TS 11/03/15 1344 TS															
Is This a New Start: Y Protocol N Therapy Given: Y If so, why:															
Therapy Frequency Q6H															
Meds/Dosage: 1/2 UD ALBUTEROL															
Heart Rate: 131 Resp. Rate: 24															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Evidence Of Learning Demonstrated By: Expresses Understanding															
990001-B RT - Initial Assessment															
- Document 11/03/15 1224 TS 11/03/15 1343 TS															
Reason for RT Intervention: Other															
Allergy/-Med/Contact: NKCA															
Allergy2/-Med/Contact: NKCA															
Does this patient have any food allergies/intolerance: N															
Food Allergies-Info:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Discharge Needs: Y Patient Education: N Pulmonary Rehab: N															
Comments: PATIENT IN ER AT THIS TIME.															
990008-A RT - Aerosol Therapy															
Is Document 11/03/15 1224 TS 11/03/15 1344 TS															
Is This a New Start: Y Protocol N Therapy Given: Y If so, why:															
Therapy Frequency Q6H															
Meds/Dosage: 1/2 UD ALBUTEROL															
Heart Rate: 131 Resp. Rate: 24															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Does Patient Use Tobacco: N Type of Tobacco Used:															
How Much Tobacco Used:															
If Ex-Smoker # Packs Per Day: When Did Patient Quit:															
Bronchodilators used at home or now ordered: HFN															
Home O2 used or now ordered: Y DEVICE: NC															
Exhibiting Increased Signs of Work of Breathing: Y If yes: Tachycardia															
Are The Breath Sounds Equal And Clear: N															
: BBS ARE COARSE WITH SCATTERED RHONCHI															
The Skin/Mucous Membranes Are: Pink															
Mental Status:															
Evidence Of Learning Demonstrated By: Expresses Understanding															
990001-B RT - Initial															

Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.
 Unit #: X000629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DIS IN Room/Bed: K.E5518-1
 Henderson, [REDACTED]
 Willis-Knighton South Nursing *LIVE**
 HHS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Date	Time	Occurred	Recorded	Time	by	Comment	Units	Change
Activity Date: 11/03/15 Time: 1337									
1-D	Patient Education								
- Create	11/03/15 1337 TS	11/03/15 1337 TS							PS
990001-B	RT - Initial Assessment								PS
- Create	11/03/15 1337 TS	11/03/15 1337 TS							
Activity Date: 11/03/15 Time: 1338									
Problem: RT- WHEEZING AND/OR ALTERED RESPIRATORY FUNCTION, ACTUAL AND/OR POTENTIAL TO DEVELOP									
- Create	11/03/15 1338 TS	11/03/15 1338 TS							PS
Goal: RT: Correct or prevent bronchospasm, improve breath sounds.									
- Create	11/03/15 1338 TS	11/03/15 1338 TS							PS
- Ed Target	11/03/15 1338 TS	11/03/15 1338 TS							PS
990008-A	RT - Aerosol Therapy								CP
- Create	11/03/15 1338 TS	11/03/15 1338 TS							CP
- Ed Directs	11/03/15 1338 TS	11/03/15 1338 TS							CP
Problem: RT- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR POTENTIAL TO DEVELOP									
- Create	11/03/15 1338 TS	11/03/15 1338 TS							CP
Goal: RT: Improve oxygenation, correct hypoxemia, prevent hypoxia.									
- Create	11/03/15 1338 TS	11/03/15 1338 TS							CP
- Ed Target	11/03/15 1338 TS	11/03/15 1338 TS							CP
Activity Date: 11/03/15 Time: 1354									
Problem: *Basic Pediatric Nursing Care									
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
- Resequence	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
Goal: Basic nursing care will be provided.									
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
100006	Discharge Assessment/Planning								CP
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
100507	Reassessment/Evaluation - Pediatrics								CP
Direction: >0719 Document when done									
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
100600	Critical Value Reporting								CP
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
102000	Emotional Support/Teaching								CP
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
102011	Pain, Infant Scale								CP
Also perform PRN for painful procedures									
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
25050-A	Bath, Total Bed - Toddler								CP
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP
250512	Linen Changed								CP
- Create	11/03/15 1354 CUP	11/03/15 1354 CUP							CP

Age/Sex: 4Y 04X F Attending: Tran., Sharon N M.D.
Unit #: K00629604 Account #: K31687676
Admitted: 11/02/15 at 2235 Location: SES
Status: DIS IN Room/Bed: K.E5518-1

HENDERSON, [REDACTED] L
Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				S/S Directions			
Activity	Occurred	Recorded	From	Activity	Occurred	Recorded	From
Type	Date	Time by Date	Charge	Type	Date	Time by Date	Charge
Activity Date: 11/03/15 Time: 1358 (continued)							
100522	Pediatric Admit Assessment (continued) Mother's Prenatal History: HIGH BLOOD PRESSURE DURING PREGNANCY, EXCESSIVE PROTEIN IN AMNIOTIC FLUID			100522	Pediatric Admit Assessment (continued) Mother's Prenatal History: HIGH BLOOD PRESSURE DURING PREGNANCY, EXCESSIVE PROTEIN IN AMNIOTIC FLUID		
ALLERGIES ---- Allergy1-Ved/Contact: NKDA Allergy2-Ved/Contact: NKDA Latex Allergy (N): No, Latex Allergy Does this patient have any food allergies/intolerance: N Food Allergies-Info: NONE				MEDICAL HISTORY ---- Does the PATIENT ONLY Have a History of: Birth Defects: N Prematurity: Y GI Problems: N GU Problems: N Seizures: N *Heart Disease: N Hypertension: N Sickle Cell Trait: N Resp. Problem: N Psychiatric Disorder(s): N Cancer: N ----- DIABETIC HISTORY ----- Diabetes: None Diabetes Treatment: Does home blood sugars? (Y/N) Have you ever received education about your diet: Have you ever received education about managing diabetes: Was your last HgbA1C less than 8%:			
PAIN ---- Are You Having PAIN / DISCOMFORT Now: N Location of Pain: Pain Frequency: Onset of Pain: Pain Made Worse By: Fear most about pain: Problems caused by pain: Who else have you consulted about pain: What treatments might help the pain: Pain scale used to assess pain: Pain Scale Explained: Understanding Voiced: Patient's Acceptable Level of Pain:				FAMILY HISTORY OF: Asthma: Y Cancer: Y Diabetes: Y Heart Disease: N High Blood Pressure: Y Kidney Problems: N Seizures: N Psych. Disease: N Other Significant History of: PATIENT WAS BORN PREMATURELY. PATIENT HAS A HISTORY OF : ECZEMA. : : Previous Surgeries: NONE : : ----- PREVIOUS SURGICAL HISTORY ----- Is the Patient having surgery? N Last Food or Drink Intake: Date: Time: Have you or any of your relatives had any problem with anesthesia/sedation (high fever, difficulty awakening, etc): N If YES, explain: Musculoskeletal / Functional Limitations: None Site of Abnormality/Limitation 1: Not Applicable Site of Abnormality/Limitation 2: Not Applicable Gait: Unsteady: N Difficulty Walking: N ----- MUSCULOSKELETAL ----- Nutritional Problems: No Problem Stated GI Problems: Not Applicable Current Problem: Not Applicable Abdomen: Soft/Active Bowel Sounds Abd. Girth (cm): Bowel Sounds: Present Tubes: NONE Ostomy: Not Applicable Diet: REGULAR Date of Last Bowel Movement: 11/02/15 Receiving *TEN: N *tube feeding: N ----- GASTROINTESTINAL ----- Urogenital Tract Female: No abnormalities ----- GENITOURINARY -----			

Willis-Knighton South Nursing *LVE**
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Problem/Goal/Intervention Description				S/s Directions				From			
Activity	Occurred	Recorded	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date
Type	Date	Time	Units	Time	Time	Time	Time	Time	Time	Time	Time
Activity Date: 11/03/15 Time: 1356 (continued)											
100522	Pediatric Admit Assessment (continued)			<p>Progenital Tract Male: Urination: Normal voiding pattern Fores: NONE</p> <p>--- RESPIRATORY --- Resp. Effort: Normal Breath Sounds: Wheezing Cough: Moist Cough Secretion Color: Not Applicable Tracheostomy: N</p> <p>--- CIRCULATORY --- Heart Sounds: Regular Edema: None Pulse Quality: Normal Edema Location: NONE Abnormal Pulse Location(s): NONE</p> <p>Transfusion: N Reaction: If Yes, Explain: Capillary Refill greater than 3 seconds: N Location:</p> <p>--- SKIN --- Is this a PRE-ADMIT Assessment: N Verify that I have performed a complete skin assessment and documented all findings below. Skin Temperature/Character: Warm & Dry Skin Color: Normal</p> <p>Pressure Ulcer/Skin Impairment or Admit: N If YES, list all location(s) and use the skin description lookup and/or Free Text for EACH. If >10 locations, document remaining in a Patient Note.</p> <p>SKIN DESCRIPTION</p> <p>LOCATION : : : : : : : : : :</p> <p>FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc): : SKIN INTACT : : : : : : : : :</p>							
Activity Date: 11/03/15 Time: 1358 (continued)											
100522	Pediatric Admit Assessment (continued)			<p>Unable to Assess Incision; Dressing Intact: Location: Drain: Drainage:</p> <p>Level Of Alertness: Responds to parent Speech: Incomprehensible Sounds Dominant Side Weak: NO WEAKNESS FOUND Best Motor Response: Moves All Extremities V P Stunt: N</p> <p>*Developmentally Delayed: Mentally</p> <p>Oriented To: Person/Family: Yes Location: NO Time: NO</p> <p>Answer Y/N to appropriate category. Review abnormal results with MD at next rounds.</p> <p>0-3 Months: N Does Your Baby Have A Tendency To 'Root' When Hungry: Does Your Baby Turn His/Her Head Toward Sound Of Voices: Does Baby's Eyes Move In Same Direction He/She Moves Head: Does Baby Grasp Objects That Touches Palm Of His/Her Hand: 3 Months: N Is Baby Able To Hold Its Head Steady When In Sitting Pos.: Does Your Baby Follow Moving Objects With Its Eyes: Does Your Baby Make Any Sounds Besides Crying And Cooing: Does Your Baby Watch Its Own Hands: 6 Months: N Does Your Baby Reach For Objects Out Of Its Reach: Does Your Baby See Small Objects, Such As Raisins: Does Baby Respond To Sound By Turning Head In Dir. Of Sound: Does Your Baby Imitate Speech Sounds: 9 Months: N Does Your Baby Wave Bye-Bye: Does Baby Transfer An Object, Ex. Rattle, From Hand To Hand: Does Your Baby Make Dada And Mama Sounds: Does Baby Stand Up Holding Onto Someone Or Something: 12 Months: N Does Your Child Play Patty-Cake: Does Child Hold An Object In Each Hand & Bang Them Together: When Child Says Mama/Dada, Is It Said To The Approp Person:</p>							

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D. Account #: K3-687676
 Unit #: K00629604 Location: SES Admitted: 11/02/15 at 2235 Room/Bed: K.E55-8-1 Status: DIS IN
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Problem/Goal/Intervention Description				Problem/Goal/Intervention Description				From							
Activity Type	Occurred Date	Recorded Time	Directions Documented Units	Activity Type	Occurred Date	Recorded Time	Directions Documented Units	Activity Type	Occurred Date	Recorded Time	Directions Documented Units				
Activity Date: 11/03/15 Time: 1358 (continued)				Activity Date: 11/03/15 Time: 1358 (continued)				From							
100522	Pediatric Admit Assessment (continued)			100522	Pediatric Admit Assessment (continued)			From							
18 Months: N Does Child Drink From A Regular Cup Without Spilling: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All The Way Across A Lg. Rm. W/O Falling:				14-18 YEARS: N With Whom Do You Live: Tell Me About Your Family: Do You Have Any Brothers: Do You Have Any Sisters: How Many Brothers: How Many Sisters: Are You Able To Talk To Your Parents: Able Talk To Parents: What Grade Are You In School: What Is Your Favorite Subject: What Kind of Grades Do You Make (Good/Fair/Poor): What Kind Of Hobbies Do You Have: Do You Belong To Any Clubs, Groups, or Gangs: Which Ones: Are You Allowed To Date Yet: Have You Had Sex Education At School: If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program: If Yes, When Was Your Last Period: NA If Yes, What Age (Yrs) Did You Have Your First Period: NA If Yes, When Was Your Last Period: NA Females: Y Have You Had Your first period: N If Yes, what age (Yrs) did you have your first period: NA If Yes, When Was Your Last Period: NA Birth Wt (lbs): 1 Birth Wt (Oz): 2 Birth Length (in): 18 Place of Birth (City and Hospital): SHREVEPORT, LOUISIANA Complications at Birth: Y If Yes, what: HAD TO INDUCE LABOR DUE TO PROTEIN IN AMNIOTIC FLUID Does Patient Use Tobacco: N Type of Tobacco Used: How Much Tobacco Used: Does Caregiver Smoke: N How Long Tobacco Used: Does Patient Drink LIQUOR/BEER/WINE: N Type Of Alcohol Consumed: If Yes, How Much: Do You Have a RELIGIOUS AND/OR CULTURAL TRADITION We Need To Consider: N If YES, What: Spiritual Support Request No Potential Barrier to Learning: None *Emotional/Psychiatric Assessment: Pediatric/ quiers easily Should Anyone Else Be Included in Your Teaching: N If Yes, Who: Do You Have Thoughts of Harming Yourself: NO Do You Feel Abused Or Neglected In Anyway: NO Are You In a Situation Which Causes You Fear, Pain or Injury: NO				14-18 YEARS: N With Whom Do You Live: Tell Me About Your Family: Do You Have Any Brothers: Do You Have Any Sisters: How Many Brothers: How Many Sisters: Are You Able To Talk To Your Parents: Able Talk To Parents: What Grade Are You In School: What Is Your Favorite Subject: What Kind of Grades Do You Make (Good/Fair/Poor): What Kind Of Hobbies Do You Have: Do You Belong To Any Clubs, Groups, or Gangs: Which Ones: Are You Allowed To Date Yet: Have You Had Sex Education At School: If Not, Refer To Monthly Program Growing Up Girls/Boys: Interested In Program: If Yes, When Was Your Last Period: NA If Yes, What Age (Yrs) Did You Have Your First Period: NA If Yes, When Was Your Last Period: NA Females: Y Have You Had Your first period: N If Yes, what age (Yrs) did you have your first period: NA If Yes, When Was Your Last Period: NA Birth Wt (lbs): 1 Birth Wt (Oz): 2 Birth Length (in): 18 Place of Birth (City and Hospital): SHREVEPORT, LOUISIANA Complications at Birth: Y If Yes, what: HAD TO INDUCE LABOR DUE TO PROTEIN IN AMNIOTIC FLUID Does Patient Use Tobacco: N Type of Tobacco Used: How Much Tobacco Used: Does Caregiver Smoke: N How Long Tobacco Used: Does Patient Drink LIQUOR/BEER/WINE: N Type Of Alcohol Consumed: If Yes, How Much: Do You Have a RELIGIOUS AND/OR CULTURAL TRADITION We Need To Consider: N If YES, What: Spiritual Support Request No Potential Barrier to Learning: None *Emotional/Psychiatric Assessment: Pediatric/ quiers easily Should Anyone Else Be Included in Your Teaching: N If Yes, Who: Do You Have Thoughts of Harming Yourself: NO Do You Feel Abused Or Neglected In Anyway: NO Are You In a Situation Which Causes You Fear, Pain or Injury: NO				18 Months: N Does Child Drink From A Regular Cup Without Spilling: Does Your Child Scribble When Given Crayons And Paper: Does Your Child Say Three (3) Words: Can Child Walk All The Way Across A Lg. Rm. W/O Falling: 24 Months: Y Is Your Child Able To Remove All His/Her Clothes: NO Is Your Child Able To Stack 4 Objects, Blocks, On Top Of Ea Other: NO Does Your Child Combine Words: NO Is Your Child Able To Kick A Ball Forward: NO 3 Years: N Is Your Child Able To Wash And Dry His/Her Hands: Is Your Child Able To Name At Least Four Items In A Book: Does Child Comprehend At Least 2 Action Words, ie Dog Barks: Is Your Child Able To Throw A Ball Overhand: 4 Years: N Does Your Child Dress Him/Herself Without Help: Is Your Child Able To Draw A Circle By Copying: Does Child Use At Least Four Diff Action Words (Verbs): Does Your Child Hop On One Foot: 5 Years: N Does Child Play Board/Card Games With You / Other Children: Is Child Able To Draw The Head & 2 Other Parts Of A Person: Is Your Child Able To Name Four Different Colors: Can Your Child Broad Jump: NO 6 Years: N Can Your Child Copy A Square: Can Your Child Repeat Five Numbers In Proper Sequence: Is Your Child Able To Define Words, ie. Banana Is A Fruit: Can Your Child Skip: 7-10 Years: N Is Your Child In The Grade Appropriate For His/Her Age: Has A Friend He/She Plays W/ On A Reg Basis Outside School: 11-13 Years: N Is Your Child In The Grade Appropriate For His/Her Age: Does Child Initiate And Complete Tasks Or School Projects: Child Has A Group Of Peers W/ Whom X-ch Free Time Is Spent:			

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HENDERSON
Wills-Knighton South Nursing **LIVE**
HMS PRINT: ALL NURSING INFORMATION

Age/Sex: 4Y 04X F
Unit #: K000629604
Admitted: 11/02/15 at 2235
Status: DYS IN
Attending: Tran, Sharon N M.D.
Account #: K31687676
Location: SES
Room/Bed: K.E5518-1

Problem/Goal/Intervention Description		S/S Directions		From	
Activity Type	Occurred Date	Recorded Date	Time by Date	Documented Units	Change
Activity Date: 11/03/15 Time: 1358 (continued)					
100522 Pediatric Admit Assessment (continued): Fall: Precaution #3: Other Precautions: ADULT SUPERVISION AT ALL TIMES					
-----BRADEN Q SCALE FOR PEDS (LESS THAN 18 YEARS OLD) -----					
SENS PERCEP	1	2	3	4	
MOISTURE	Constantly Moist	Very Moist	Slightly Limited	No Impairment	
ACTIVITY	Bedfast	Inner-Clothes	Occasionally Moist	Rarely Moist	
MOBILITY	Completely Immobile	Very Limited	Walks Occasionally	Age Appropriate	
NUTRITION	Very Poor	Inadequate Eats 1/2	Slightly Limited	No Limitation	
FRACT/SHEAR	Significant Problem	Problem	Adequate Eats 1/2	Excellent	
PERF/OXYGEN	Extremely Compromised	Moderate Assist	Potential Problem	No Apparent Problem	
Sensory Perception: 4 - No Impairment					
Moisture: 3 - Occasionally Moist					
Activity: 3 - Walks Occasionally					
Mobility: 4 - No Limitation					
Nutrition: 4 - Excellent					
Friction/Shear: 4 - No Apparent Problem					
Tissue Perfusion/Oxygenation: 2 - Compromised					
Total Braden Scale Score: 24					
Pt. Safety Information: Buckle given to pt/family: Y					
LPN Who Assisted In Data Collection: RN Signature: C. POLLARD, RN					
Activity Date: 11/03/15 Time: 1400					
100036 Discharge Assessment/Planning - Document 11/03/15 1400 CJP 11/03/15 1945 CJP					
Discharge Problems/Needs Identified: Y					
ACTIVITY					
S/S RESP DISTRESS					
MEDS					
FOLLOW UP					
Arrangements Made to Meet Need(s): Y					
ONGOING					
:					
:					
:					
Fall Risk Total: 14					
FAIL PRECAUTIONS					
Fall Precaution #1: Yellow fall wristband					
Fall Precaution #2: Personal items in reach					
PATIENT IS AN INFANT: N					
--- VALIABLES/ASSISTIVE DEVICES ---					
Contacts: Not Applicable					
Dentures: Not Applicable/None					
Cash: Not Applicable					
Wallet: Not Applicable					
Watch: Not Applicable					
Disposition:					
Disposition:					
Advised To Keep Glasses, Contacts, Dentures, Etc In Drawer: Y					
Have You Signed An ORGAN DONATION CARD: N					
Recent History Of: Falls: N Bed Rails: Y *Family Or Sitter: Constantly					
*Restraints: N *Restraint type:					
Patient/Family Oriented To: Call Light: Y Bed Control: Y Telephone: Y					
Nursing Bedside Rounds: Y Emergency Light: Y Smoking Policy: Y					
TV: Y IV Pumps/Other Equip: Y Highchair: N					
Crib: N Rocker: N Supplies: Y					
Pediatric Fall Risk Assessment					
Age: 4					
(4) Less than 3 years old					
(3) 3 to less than 7 years old					
(2) 7 to less than 13 year old					
(1) 13 years and above					
Gender: 1					
(2) Male (1) Female					
Diagnosis: 3					
(4) Neurological Diagnosis					
(3) Alteration in Oxygenation					
Respiratory Diagnosis, Dehydration,					
Anemia, Anorexia, Syclope,					
Dizziness, etc.					
(2) Psych/Behavioral Disorders					
(1) Other Diagnosis					
Cognitive Impairment: 3					
(3) Not Aware of Limitations					
(2) Forgets Limitations					
(1) Oriented to Own Ability					
Fall Risk Total: 14					
FAIL PRECAUTIONS					
Fall Precaution #1: Yellow fall wristband					
Fall Precaution #2: Personal items in reach					

Problem/Goal/Intervention Description				From			
Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Directions	Documented	Change
Activity Date: 11/03/15 Time: 1400 (continued)							
100507	Reassessment/Evaluation - Pediatrics	A	CP				
- Document	11/03/15 1400 CJP	11/03/15 1946 CJP	0.0				
Date: 11/03/15	Shift: 7A - 7P						
Focus / Plan For The Day: BREATHING TX, COMFORT, SAFETY, IV FLUIDS							
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/03/15							
Wound: N	Dressing: N	Drain: N	Pain At Present Time: N	Swallowing Difficulty: N			
Level Of Alertness: Responds to parent							
*Emotion/psych Asmt: Calm							
Ventilator N							
Respirations: Regular and Effortless							
Cough: Moist Cough							
Expectorant Color: Not Applicable							
O2: Y O2 Delivery: 2 L/M/NC							
Pulse Quality: Normal Pulseation							
Edema Of Extremity: None							
Abdomen: Soft/Active Bowel Sounds							
Bowel Movement This Shift: N Date Of Last Bowel Movement:							
Are You Having PAIN / DISCOMFORT Now: N							
Is this a new episode of pain: N							
Location Of Pain:							
Duration Of Pain:							
Character Of Pain:							
Onset Of Pain:							
Pain Relieved By:							
Pain Made Worse By:							
Pain scale used to assess pain: FLACC							
Pain score: 0							
-----Pain Interventions-----							
Pharmacologic (see VAR):							
Non-Pharmacologic:							
Emotional support:							
Comfort measures:							
Cognitive techniques:							
Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N							
Color Of Urine: NOT OBSERVED							
Character Of Urine: Not Observed							
IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N							
SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N							
Maintain Central Line: ITC/PTCC/SWAN/FOR/HO CATHETER/UAC/UVC/BROVJAC? (Y/N): N							
Can this line be removed? (Y/N): N							
Sensory Perception: 4							
Moisture: 3							
Activity: 3							
Mobility: 4							
Sensory Perception: 4							
Moisture: 3							
Activity: 3							
Mobility: 4							
Sensory Perception: 4							
Moisture: 3							
Activity: 3							
Mobility: 4							

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HENDERSON
Williams-Knighton South Nursing *LIVE*
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Age/Sex: 4Y 04X F
Unit #: K000629604
Admitted: 11/02/15 at 2235
Status: DIS IN

Attending: Yar, Sharon N.M.D.
Account #: K3-687676
Location: SES
Room/Bed: K.E55-8-1

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	Change			
Activity Date: 11/03/15 Time: 1400 (continued)								
Patient Education (continued)								
*New Medication (Y/N): Y D5 1/2 NS, SOLICOROL Education								
*Follow-up care (Y/N): Y PER MD								
Refab/Resources (Y/N): N								
*Nutrition (Y/N): Y TODDLER								
Other Teaching: POC								
If applicable, pt has demonstrated competence to self administer medications: N								
Med1: NA Med2: NA Med3: NA								
Method Of Instruction: Explain								
Evidence Of Learning Demonstrated By: Expresses Understanding								
Activity Date: 11/03/15 Time: 1500								
401335 Weight: Daily, PEDI Or NSV A DAILY								
- Document 11/03/15 1500 CM 11/03/15 1645 CM CP 26.7								
WT (LB): WT (KG): 11.7 WT (KG):								
Activity Date: 11/03/15 Time: 1600								
400020 Vital Signs A Q4H CP								
Vital Signs taken by a NAI are reviewed by an RN.								
- Document 11/03/15 1600 CUP 11/03/15 1948 CUP CP 21.4								
Blood Pressure: BP Position:								
Temp: 96.8 Type Of Temperature: Tympanic								
Heart Rate: 119 Heart Rate Source: Machine								
Resp. Rate: 22								
SAO2: 96 O2 Delivery: 2 LMP/NC								
200008 IV Site #: Check/Care A Q2H CP								
- Document 11/03/15 1600 CUP 11/03/15 1942 CUP								
IV Site #: Left Hand								
Peripherally Inserted Central Catheter (Y/N): N								
Site Description #1: Normal								
Rate (cc/hr) #: 00								
Type Of IV Solution #: (free text): SALINE LOCKED								
Site Changed #1: 11/03/15								
IV Tubing Changed #1:								
IV Tubing Changed #2:								
IV Tubing Changed #3:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1: 11/03/15								
IV Dressing Changed Time #1:								
Date IV (#1) started: 11/03/15 Time IV (#1) started:								
Activity Date: 11/03/15 Time: 2000								
1-D Patient Education								
- Document 11/03/15 2000 JW 11/04/15 0114 JW AS NEEDED 9.0								
Learner's Preferred Method: One-on-One Teaching								

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	Change			
Activity Date: 11/03/15 Time: 1600								
200021 Safety Checks A Q2H CP								
- Document 11/03/15 1600 CUP 11/03/15 1943 CUP 5.3								
Family Member At Bedside: Y Respiration Observed: Y								
Call Light/Telephone In Reach: Y Fall Precautions: Y								
Crib Rails (Up / Down): Not Applicable								
Number Of Bed Rails Up: 3								
Are bedrails up because of meds given: N								
Bed Brakes Locked: Y								
Bed High Or Low Position: LOW								
All Alarms On and Audible: Y								
CPM in use: N								
Pt. Off Unit: N								
Activity Date: 11/03/15 Time: 1800								
200008 IV Site #: Check/Care A Q2H CP								
- Document 11/03/15 1800 CUP 11/03/15 1942 CUP 8.0								
Peripherally Inserted Central Catheter (Y/N): N								
Site Description #1: Normal								
Rate (cc/hr) #: 50								
Type Of IV Solution #: (free text): D5 1/2 NS								
Site Changed #1: 11/03/15								
IV Tubing Changed #1: 11/03/15								
IVPB Tubing Changed #1:								
PSI Limit Settings #1:								
PSI Actual Reading #1:								
IV Dressing Changed Site #1: 11/03/15								
IV Dressing Changed Time #1:								
Date IV (#1) started: 11/03/15 Time IV (#1) started:								
200021 Safety Checks A Q2H CP								
- Document 11/03/15 1800 CUP 11/03/15 1943 CUP 5.3								
Family Member At Bedside: Y Respiration Observed: Y								
Call Light/Telephone In Reach: Y Fall Precautions: Y								
Crib Rails (Up / Down): Not Applicable								
Number Of Bed Rails Up: 3								
Are bedrails up because of meds given: N								
Bed Brakes Locked: Y								
Bed High Or Low Position: LOW								
All Alarms On and Audible: Y								
CPM in use: N								
Pt. Off Unit: N								
Activity Date: 11/03/15 Time: 2000								
1-D Patient Education								
- Document 11/03/15 2000 JW 11/04/15 0114 JW AS NEEDED 9.0								
Learner's Preferred Method: One-on-One Teaching								

PS

9.0

Age/Sex: 4Y 04M F Attending: Tran, Sharon N.D.D.
Unit #: K000629604 Account #: K31687676
Admitted: 11/02/15 at 2235 Location: SES
Status: DIS IN Room/Bed: K.E5518-2

Problem/Goal/Intervention Description				From
Activity Type	Occurred Date	Recorded Date	Directions	From
Activity Type	Occurred Date	Recorded Date	Directions	From
102012	PAIN Assessment / Management - PEDJ (continued); Type of pain: 11/03/15 2000 JW 11/04/15 0126 JW C.O Are You Having PAIN / DISCOMFORT Now: N -s this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FLACC Pain score: 0 -----Pain Interventions----- Pharmacologic (see VAR): Y Non-Pharmacologic: Emotional support: Y Comfort measures: N Cognitive techniques: N 100006 Discharge Assessment/Planning - Document 11/03/15 2000 JW 11/04/15 0120 JW CP			
	Discharge Problems/Needs Identified: Y :ACTIVITY :S/S RESP DISTRESS :MEDS :FOLLOW UP :SAFETY Arrangements Made to Meet Need(s): Y :ONGOING : : : :00507 Reassessment/Evaluation - Pediatrics A Direction ->07.19 Document when done - Document 11/03/15 2000 JW 11/04/15 0125 JW C.O Date: 11/03/15 Shift: 7P - 7A Focus / Plan For The Day: BREATHING EX, IVFS, IV ABX/SOLIMEDROL Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/03/15 Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N Level Of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive *Emotion/Psych Asmt: Calm Responds: Spontaneously Ventilator N Respirations: Regular and Effortless *Breath Sounds: Wheezing Cough: Moist Cough Arrogant: Not Applicable			
102012	Patient Education (continued) Language Spoken (002): English If Other, Describe: Pain: Religious or Cultural practices that may affect learning: N If YES, describe: Physical limitations that may affect learning (Y/N): N If YES, describe: Cognitive limitations that may affect learning (Y/N): N If YES, describe: Emotional limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: :PEDI PAIN SCALE :NA Pt/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION This patient/family motivated to learn (Y/N): Y If NO, explain: :LEARNING NEEDS TEACHING SUMMARY *Disease (Y/N): Y :FEBRILE ILLNESS, HYPOXIA, REACTIVE AWEWAY Isolation (Y/N): N : *Equipment (Y/N): Y :TV POMP, CALL LIGHT *Procedure (Y/N): Y :REASSESSMENT *Medication (Y/N): Y :PER ORDERS *New Medication (Y/N): Y :RESP TXS, SOLIMEDROL, ROCEPHIN, IVFS, ZITHROMAX Education *Follow-up care (Y/N): Y :ONGOING Rehab/Resources (Y/N): N : *Nutrition (Y/N): Y :ONGOING Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION If applicable, pt has demonstrated competence to self administer medications: N Med1: NA Med2: NA Med3: NA Method of Instruction: Explain Evidence of Learning Demonstrated By: Expresses Understanding PAIN Assessment / Management - PEDJ A PRN Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and			

WALLIS-Knighton South Nursing **LIVE**
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Age/Sex: 4Y 04M: F
Unit #: K000629604
Admitted: 11/02/15 at
Status: DIS IN

Problem/Goal/Intervention Description					S/s Directions			From																																								
Activity Type	Occurred Date	Recorded Time by Date	Documented Units	Charge																																												
Activity Date: 11/03/15 Time: 2000 (continued)																																																
1005C7 Reassessment/Evaluation - Pediatrics (continued) Pediatric Fall Risk Assessment: Age: 4 (4) Less than 3 years old (3) 3 to less than 7 years old (2) 7 to less than 13 year old (1) 13 years and above Gender: 1 (2) Male (1) Female Diagnosis: 3 (4) Neurological Diagnosis (3) Alteration in Oxygenation: Respiratory Distress, Dehydration, Anemia, Anorexia, Syncope, Dizziness, etc. (2) Psych/Behavioral Disorders (1) Other Diagnoses: Cognitive Impairment: 3 (3) Not Aware of Limitations (2) Forgets Limitations (1) Oriented to Own Ability Medication Usage: 1 (3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Anti- depressants, Laxatives/Diuretics, Narcotic (2) One of the meds listed above (1) Other Medications/None Fall Risk Total: 14 ----- BRADEN SCALE FOR PEDS (LESS THAN 16 YEARS OLD) ----- <table><tr><td>SENS PERCEP</td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>MOISTURE</td><td>Completely Limited</td><td>Very Limited</td><td>Slightly Limited</td><td>No Impairment</td></tr><tr><td>ACTIVITY</td><td>Constantly Moist</td><td>Very Moist</td><td>Occasionally Moist</td><td>Rarely Moist</td></tr><tr><td>MOBILITY</td><td>Bedfast</td><td>Chairfast</td><td>Walks Occasionally</td><td>Age Appropriate</td></tr><tr><td>NUTRITION</td><td>Completely Immobile</td><td>Very Limited</td><td>Slightly Limited</td><td>No Limitation</td></tr><tr><td>FRICION/SHEAR</td><td>Very Poor</td><td>Inadequate</td><td>Adequate</td><td>Excellent</td></tr><tr><td>PERF/OXYGEN</td><td>Significant Problem</td><td>Problem Compromised</td><td>Potential Problem</td><td>No Apparent Problem</td></tr><tr><td></td><td>Extremely Compromised</td><td></td><td>Adequate</td><td>Excellent</td></tr></table> Sensory Perception: 3 Moisture: 3 Activity: 3 Mobility: 4 Nutrition: 3 Friction/Shear: 4 Tissue Perfusion/Oxygenation: 3 Total Braden Scale Score: 23 I verify that I have performed a complete skin assessment and documented all findings below. Skin Color: Normal Skin Hydration: Normal Skin Temp/Character: Warm & Dry									SENS PERCEP	1	2	3	4	MOISTURE	Completely Limited	Very Limited	Slightly Limited	No Impairment	ACTIVITY	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist	MOBILITY	Bedfast	Chairfast	Walks Occasionally	Age Appropriate	NUTRITION	Completely Immobile	Very Limited	Slightly Limited	No Limitation	FRICION/SHEAR	Very Poor	Inadequate	Adequate	Excellent	PERF/OXYGEN	Significant Problem	Problem Compromised	Potential Problem	No Apparent Problem		Extremely Compromised		Adequate	Excellent
SENS PERCEP	1	2	3	4																																												
MOISTURE	Completely Limited	Very Limited	Slightly Limited	No Impairment																																												
ACTIVITY	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist																																												
MOBILITY	Bedfast	Chairfast	Walks Occasionally	Age Appropriate																																												
NUTRITION	Completely Immobile	Very Limited	Slightly Limited	No Limitation																																												
FRICION/SHEAR	Very Poor	Inadequate	Adequate	Excellent																																												
PERF/OXYGEN	Significant Problem	Problem Compromised	Potential Problem	No Apparent Problem																																												
	Extremely Compromised		Adequate	Excellent																																												

HENDERSON, [REDACTED]

Problem/Goal/Intervention Description				Sts Directions				From			
Activity	Occurred	Recorded	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date
Type	Date	Date	Time	Time	Time	Time	Time	Time	Time	Time	Time
Activity Date: 11/03/15 Time: 2000											
200021	Safety Checks	11/03/15 2000 JW	11/04/15 0126 JW	A	Q2H	5.3	CP				
- Document	Family Member At Bedside: Y	Respiration Observed: Y	Call Light/Telephone In Reach: Y	Fall Precautions: Y							
Crib Rails (Up / Down): Not Applicable											
Number Of Bed Rails Up: 3											
Bed Brakes Locked: Y											
Bed High OR Low Position: LOW											
All Alarms On and Audible: Y											
CPM in use: N											
Pt. Off Unit: N											
-D	Patient Education	11/03/15 2000 JW	11/04/15 0118 JW	A	AS NEEDED	0.0	CP				
- Document	Learner: Mother	Learner's Preferred Method: One-on-One Teaching	Language Spoken (002): English	If Other, Describe:							
*Religious or Cultural practices that may affect learning: N											
If YES, describe:											
*Physical limitations that may affect learning (Y/N): N											
If YES, describe:											
*Cognitive limitations that may affect learning (Y/N): N											
If YES, describe:											
*Emotional limitations that may affect learning (Y/N): N											
If YES, describe:											
*Patient has pain, what issues have been discussed with patient regarding this:											
:PEDI PAIN SCALE											
:NA											
P/Family encouraged to report concerns about Pt. safety issues: Y											
What safety issues have been addressed with the patient: 2 PT DS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION											
*Is patient/family motivated to learn (Y/N): Y											
If NO, explain:											
LEARNING NEEDS											
TEACHING SUMMARY											
*Disease (Y/N): Y :FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY											
Isolation (Y/N): N :UNIVERSAL											
*Equipment (Y/N): Y :IV PUMP, CALL LIGHT											
*Procedure (Y/N): Y :ASSESSMENT											
*Medication (Y/N): Y :PER ORDERS											
*New Medication (Y/N): Y :RESP FXS, SOLINGERO, ROCEPHIN, IVFS, ZETROVAX Education											
*Follow-up care (Y/N): Y :ONGOING											
Rehab/Resources (Y/N): N :											

Age/Sex: 4Y 04X F Attending: Tyul., Sharon N M.D. Unit #: K000629604 Account #: K31687676 Admitted: 11/02/15 at 2235 Location: SES Status: D/S IN Room/Bed: K.E55-8-1

HENDERSON, [REDACTED] RN L

Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sts Directions				From			
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Documented Units	Documented Units	Documented Units	Charge
Activity Date: 11/03/15 Time: 2115 (continued)											
<p>100507 Reassessment/Evaluation - Pediatrics (continued)</p> <p>Respirations: *Breath Sounds: Amount Expectorated: Consistency: (When using Blender)</p> <p>Expectorant Color: Cough: (When using Blender)</p> <p>O2: O2 Delivery: Pulse Quality: Edema Of Extremity: Abdomen: Homan's Sign: Bowel Sounds:</p> <p>Bowel Movement This Shift: Date Of Last Bowel Movement:</p> <p>Are You Having Pain / DISCOMFORT Now: N</p> <p>Is this a new episode of pain: N</p> <p>Location Of Pain: Duration Of Pain: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Pain scale used to assess pain: FIACC Pain score: 0</p> <p>Pharmacologic (see MAR): Non-Pharmacologic: Emotional support: Comfort measures: Cognitive techniques:</p> <p>Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N</p> <p>Color Of Urine: NOT OBSERVED</p> <p>Character Of Urine: Not Observed</p> <p>IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N</p> <p>SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N</p> <p>Maintain Central Line: PICC/SWAN/PORC/HD CATHETER/UC/UCV/BROV/CAC? (Y/N): N</p> <p>Can this line be removed? (Y/N): N</p> <p>Maintain Peripheral IV or PRN Adapter Y/N: Y</p> <p>*Restraints: N *Restraint Type: Has patient had an adverse drug reaction this shift: N</p> <p>If yes, name of Yed: Type of Reaction:</p> <p>Does the Patient Have any Complaints Or Specific Needs: Y</p> <p>Specific Needs: Specific Needs:</p> <p>Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y</p> <p>Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N</p>											
Activity Date: 11/03/15 Time: 2030 (continued)											
<p>100507 Patient Education (continued)</p> <p>*Nutrition (Y/N): Y ONGOING</p> <p>Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION</p> <p>If applicable, pt has demonstrated competence to self administer medications: N</p> <p>Yed1: NA Yed2: NA Yed3: NA</p> <p>Method Of Instruction: Explain</p> <p>Evidence Of Learning Demonstrated By: Expresses Understanding</p> <p>Activity Date: 11/03/15 Time: 2022</p> <p>990008-A RT - Aerosol Therapy A Q6H CP</p> <p>- Document 11/03/15 2022 KRY 11/04/15 0058 KRY 2.5</p> <p>Is this a New Start: N Protocol: N Therapy Given: Y If so, why: Q6H</p> <p>Therapy Frequency Q6H</p> <p>Yeds/Dosage: ALBUTEROL MD</p> <p>Vitals: PRE POST</p> <p>HR 176 HR 180</p> <p>RR 20 RR 20</p> <p>BBS FINE RALES BBS SAME</p> <p>PF PF</p> <p>Effective cough Y Sputum Amount: None</p> <p>Increase Secretions N Sputum Color: Sputum Consistency:</p> <p>Is Patient Progressing Toward Goal: Unchanged Goal Note: Y</p> <p>Comments/Plan: PATIENT TOLERATED TREATMENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED.</p>											
Activity Date: 11/03/15 Time: 2115											
<p>100507 Reassessment/Evaluation - Pediatrics A CP</p> <p>Direction ->07,19 Document when done</p> <p>Date: 11/03/15 2115 JW 11/04/15 0301 JW 0.0</p> <p>Shift:</p> <p>Focus / Plan For The Day: Plan Of Care Updated:</p> <p>Plan Of Care Discussed With Patient:</p> <p>Wound: Drain: Pain At Present Time: Swallowing Difficulty:</p> <p>Dressing: Pain At Present Time: Swallowing Difficulty:</p> <p>Level Of Alertness: Pupillary Reaction:</p> <p>*Emotion/Psych Asmt: Pupillary Reaction:</p> <p>Ventilator Responds:</p>											

Age/Sex: 4Y 06M F Attending: Chan, Sharon N.M.D. Henderson, YAH: 1
 Unit #: 8000629604 Account #: X31667676 Willis-Knighton South Nursing **LIVE**
 Admitted: 11/02/15 at 2235 Location: BFS HIVE PRINT ALL NURSING INFORMATION
 Status: DTS IN Room/Bed: K.E55-B-1

Problem/Goal/Intervention Description				Sts Directions				From			
Activity	Occurred	Recorded	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date
Activity Date: 11/03/15 Time: 2115 (continued)											
100507 Reassessment/Evaluation - Pediatrics (continued)											
*Is patient DO NOT RESUSCITATE: N											
Pediatric Fall Risk Assessment											
Age: 4											
(4) Less than 3 years old											
(3) 3 to less than 7 years old											
(2) 7 to less than 13 year old											
(1) 13 years and above											
Gender: 1											
(2) Male (1) Female											
Diagnosis: 3											
(4) Neurological Diagnosis											
(3) Alteration in Oxygenation											
Respiratory Diagnosis, Dehydration,											
Anemia, Anorexia, Syncope,											
Dizziness, etc.											
(2) Psych/Behavioral Disorders											
(1) Other Diagnosis											
Cognitive Impairment: 3											
(3) Not Aware of Limitations											
(2) Forgets Limitations											
(1) Oriented to Own Ability											
Fall Risk Total: 14											
----- BRADEN SCALE FOR PEDS (LESS THAN 18 YEARS OLD) -----											
SENS PERCEP 1 Completely Limited 2 Very Limited 3 Slightly Limited 4 No Impairment											
MOISTURE 1 Constantly Moist 2 Very Moist 3 Occasionally Moist 4 Rarely Moist											
ACTIVITY 1 Bedfast 2 Chairfast 3 Walks Occasionally 4 Walks Appropriately											
MOBILITY 1 Completely Immobile 2 Very Limited 3 Slightly Limited 4 No Limitation											
NUTRITION 1 Very Poor 2 Inadequate 3 Adequate 4 Excellent											
FRIC/SHEAR 1 Significant Problem 2 Problem 3 Potential Problem 4 No Apparent Problem											
PERF/OXYGEN 1 Extremely Compromised 2 Compromised 3 Adequate 4 Excellent											
Sensory Perception: 3											
Moisture: 3											
Activity: 3											
Mobility: 4											
Nutrition: 3											
Friction/Shear: 4											
Tissue Perfusion/Oxygenation: 3											
Total Braden Scale Score: 23											
I verify that I have performed a complete skin assessment and documented all findings below.											
Skin Color: Normal											
Skin Hydration: Normal											
Skin Temp/Character: Warm & Dry											
Pressure Ulcer/Skin Impairment Since Previous Assessment: N											

Pt/Family encouraged to report concerns about Pt. safety issues:
 What safety issues have been addressed with the patient:
 *Is patient/family motivated to learn: (Y/N):
 If NO, explain:

Age/Sex: 4Y 04M F Attending: Trar., Sharon N M.D.
Unit #: K000629604 Account #: K31687676
Admitted: 11/02/5 at 2235 Location: 5E5
Status: DIS IN Room/Bed: K.E5518-2

Age/Sex: 4Y 04Y F Attending: Tran, Sharon N.Y.D.
 Unit #: K00629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: BES
 Status: DIS IN Room/Bed: K.E5518-1
 Henderson, PAH L
 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description:				Sts Directions			
Activity	Occurred	Recorded	From	Activity	Occurred	Recorded	From
Type	Date	Time by Date	Charge	Type	Date	Time by Date	Charge
Activity Date: 11/04/15 Time: 01:08				Activity Date: 11/04/15 Time: 02:00			
102012	PAIN Assessment / Management - PEDI	A	PS	200021	Safety Checks	A	CP
	Use to document the effectiveness of medications given specifically for the control of pain.			- Document	11/04/15 0200 JW 11/04/15 0525 JW	5.3	
	Ask patient to be specific regarding location, severity, and type of pain.			Family Member At Bedside: Y	Respiration Observed: Y		
	11/04/15 0108 JW 11/04/15 0108 JW			Call Light/Telephone In Reach: Y	Fall Precautions: Y		
Activity Date: 11/04/15 Time: 01:35				Crib Rails (Up / Down): Not Applicable			
990008-A	RT - Aerosol Therapy	A	Q6H	Number Of Bed Rails Up: 3			
- Document	11/04/15 0135 KNY 11/04/15 0206 KNY			Are bedrails up because of meds given: Y			
	Is this a New Start: N Protocol N Therapy Given: Y If no, why: Q6H			Bed Brakes Locked: Y			
	Med/Dosage: ALBUTEROL CD			Bed High OR Low Position: LOW			
Vitals:	PRE			All Alarms On and Audible: Y			
HR 140	HR 152			CPM in use: N			
RR 36	RR 40			Pul. Off Unit: N			
BBS COARSE EXPIRATORY WHEEZES	BBS FINE RALES			Activity Date: 11/04/15 Time: 04:00			
PF	PF			200008	IV Site #1: Check/Care	A	Q6H
				- Document	11/04/15 0400 JW 11/04/15 0525 JW	8.0	
	Effective cough: Y			IV Site #1: Left Hard			
	Increase Secretions N			Peripherally Inserted Central Catheter (Y/N): N			
				Site Description #1: Normal			
				Rate (cc/hr) #1: 50			
				Type Of IV Solution #1 (free text): D5 1/2 NS			
				Site Changed #1: 11/03/15			
				IV Tubing Changed #1:			
				IVPS Tubing Changed #1:			
				PS Limit Settings #1:			
				PS Actual Reading #1:			
				IV Dressing Changed Site #1:			
				IV Dressing Changed Time #1:			
				Date IV (#1) started: 11/03/15 Time IV (#1) started:			
Activity Date: 11/04/15 Time: 02:00				200021			
200008	IV Site #1 Check/Care	A	Q2H	- Document	11/04/15 0400 JW 11/04/15 0525 JW	5.3	
- Document	11/04/15 0200 JW 11/04/15 0525 JW			Family Member At Bedside: Y			
	IV Site #1: Left Hard			Respiration Observed: Y			
	Peripherally Inserted Central Catheter (Y/N): N			Call Light/Telephone In Reach: Y			
	Site Description #1: Normal			Crib Rails (Up / Down): Not Applicable			
	Rate (cc/hr) #1: 50			Number Of Bed Rails Up: 3			
	Site Changed #1: 11/03/15			Are bedrails up because of meds given: N			
	IV Tubing Changed #1:			Bed Brakes Locked: Y			
	IVPS Tubing Changed #1:			Bed High OR Low Position: LOW			
	PS Limit Settings #1:			All Alarms On and Audible: Y			
	PS Actual Reading #1:			CPM in use: N			
	IV Dressing Changed Site #1:			Pul. Off Unit: N			
	IV Dressing Changed Time #1:			Activity Date: 11/04/15 Time: 05:00			
	Date IV (#1) started: 11/03/15 Time IV (#1) started:			400010	Vital Signs	A	Q6H
				- Document	Vital Signs taken by a NNA are reviewed by an RN.		
					11/04/15 0500 JW 11/04/15 0541 JW	21.4	

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HENDERSON, [REDACTED]

Age/Sex: 4Y 04Y F Attending: Tran, Sharon N M.D.
 Unit #: K00629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DIS IN Room/Bed: K.E55-8-1

Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sts Directions				Sts Directions			
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	From Charge	Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	From Charge
Activity Date: 11/04/15 Time: 0500 (continued)											
400010	Vital Signs (continued)	BP Position:				450100	Output (continued)				
Blood Pressure:						Crostomy (ml):					
BP Type:						Nephrostomy (ml):					
Temp: 96.9	Type Of Temperature: Tympanic					WOUND EVAC #1 (ml):					
Heart Rate: 137	Heart Rate Source: Machine					Ant. Of Or Asp. Of MISC. Body Fluid (ml):					
Resp. Rate: 32						Source Of Output Or Asp. Of - MISC. Body Fluid:					
SAC2: 100	O2 Delivery: ROOM AIR					200008 IV Site #1 Check/Care					
Activity Date: 11/04/15 Time: 0600											
450010	Intake				CP	Document	11/04/15 0600 JW	11/04/15 0650 JW		8.0	CP
- Document	11/04/15 0600 JW	11/04/15 0650 JW		10.7		IV Site #1: Left Hand					
ORAL - Just H2O (ml):						Peripherally Inserted Central Catheter (Y/N): N					
ORAL (hot water) ml: 480						Site Description #1: Normal					
Tube Feed (ml):						Rate (cc/hr) #1: 50					
NGT Tube Flushes (ml):						Type Of IV Solution #1 (free text): D5 1/2 NS					
PEG Tube Flushes (ml):						Site Charged #1:					
IV (ml): 470						IV Tubing Changed #1:					
IVPB (ml): 125						IVPB Tubing Changed #1:					
TPN (ml):						PSI Limit Settings #1:					
Lipid (ml):						PSI Actual Reading #1:					
Blood (ml):						IV Dressing Charged Site #1:					
Output						IV Dressing Charged Time #1:					
11/04/15 0600 JW	11/04/15 0650 JW			10.7	CP	Date IV (#1) started: 11/03/15					
- Document	11/04/15 0600 JW	11/04/15 0650 JW		10.7		Time IV (#1) started: A Q2H					
Urine voided (ml):						- Document	11/04/15 0600 JW	11/04/15 0650 JW		5.3	CP
Urine cath. (ml):						Family Member At Bedside: Y					
Color Of Urine:						Call Night/Telephone In Reach: Y					
Character Of Urine:						Crib Rails (Up / Down): Not Applicable					
Urine Inct Est (ml):						Number Of Bed Rails Up: 3					
Void X NY: 3	Last Void Date:					Are bedrails up because of meds given: N					
Stool X:	Stool Weight cc's					Bed Brakes Locked: Y					
Stool Consistency:						Bed High OR Low Position: LOW					
Color Of Stool:						All Alarms On and Audible: Y					
Amount Of Stool:						CPM in use: N					
Ileostomy (ml):						Pl. Off Unit: N					
New Colostomy Output:						Activity Date: 11/04/15 Time: 0745					
Old Colostomy Output (Num. of stools):						990008-A RT - Aerosol Therapy					
NG (ml):						- Document	11/04/15 0745 BRW	11/04/15 0955 BRW		2.5	CP
Emesis (ml):						- This is a New Start: N					
Rectal Tube (ml):						Therapy Frequency Q6H					
Est. Bid Loss (ml):						Yeds/Dosage: A-LEUTEROL UD					
Neas Bid Loss (ml):						Vitals: PRE					
Chest Tube #1 (ml):						HR 146					
Chest Tube #2 (ml):						RR 26					
Drain 1:						BBS COARSE					
Drain 2:						:					
Drain 3:						PF					
Drain 4:						Effective cough: Y					
						Sputum Amount: None					

Age/Sex: 4Y 04K F Attending: Tran, Sharon N M.D.
 Unit #: K00629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: 5F5
 Status: C/S IN Room/Bed: K.E5518-1

HENDERSON, [REDACTED]
 Willis-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description		Activity Type	Occurred Date	Recorded Time	By Comment	Time by	Units	Sts Directions Documented	From Change
Activity Date: 11/04/15 Time: 0800 (continued)									
1-D Patient Education (continued) 11 NO, explain: LEARNING NEEDS *Disease (Y/N): Y FIBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY, MYOPLASMA Isolation (Y/N): Y DROPEZ *Equipment (Y/N): Y IV PUMP, CALL LIGHT *Procedure (Y/N): Y REASSESSMENT *Medication (Y/N): Y PER ORDERS *New Medication (Y/N): Y RESP TWS, SOLUNOXEROL, ROCEPHIN, IVFS, ZITHROXAX Education: *Follow-up care (Y/N): Y ONGOING Rehab/Resources (Y/N): N *Nutrition (Y/N): Y TODDLER Other Teaching: POC, SAFETY, CHANNEL 95, 2 FT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION									
11 applicable, pt has demonstrated competence to self administer medications: N Veds: NA Veds2: NA Veds3: NA Method Of Instruction: Explain Evidence Of Learning Demonstrated BY: Expresses Understanding PAIN Assessment / Management - PEDI A PRN :0202 Use to document the effectiveness of medications given specifically for the control of pain. Ask patient to be specific regarding location, severity, and type of pain. Document 11/04/15 0800 DSS 11/04/15 0851 DSS 0.0 Are You Having PAIN / DISCOMFORT Now: N Is this a new episode of pain: N Location Of Pain: Duration Of Pain: Pain Frequency: Character Of Pain: Onset Of Pain: Pain Relieved By: Pain Made Worse By: Cause of pain: Pain scale used to assess pain: FIACC Pain score: 0 -----Pain Interventions----- Pharmacologic (see MAR): Y Non-Pharmacologic: Emotional support: Y Comfort measures: Y									
Activity Date: 11/04/15 Time: 0745 (continued)									
950008-A RT - Aerosol Therapy (continued) Sputum Color: Sputum Consistency: Is Patient Progressing Toward Goal: Yes Goal Note: Y COMMENTS/PPLAN: PATIENT TOLERATED TREATMENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED. 950004-B RT - Oxygen Therapy A DAILY CP - Document 11/04/15 0745 DRW 11/04/15 0955 DRW Is this a New Start: N Protocol: Y Oxygen Device FIO2 21 LPM SaO2: 97 Alert Value: No Time Reported: Has Potential For Hypoxemia Due To: Is Patient Progressing Toward Goal: Yes Goal Note: Y Hours Used 24.0 Transfer/Discharged/Discontinued DC Reordered Comments: 02 DC/D @ THIS TIME.									
Activity Date: 11/04/15 Time: 0800									
1-D Patient Education A AS NEEDED 0.0 PS - Document 11/04/15 0800 DSS 11/04/15 0831 DSS Learner: Mother Learner's Preferred Method: One-on-One Teaching Language Spoken (002): English If Other, Describe: *Religious or Cultural practices that may affect learning: N If YES, describe: *Physical limitations that may affect learning (Y/N): N If YES, describe: *Cognitive limitations that may affect learning (Y/N): N If YES, describe: *Emotional limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: :CALL FOR ANY PAIN OR DISCOMFORT P/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 FT IDS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION *Is patient/family motivated to learn (Y/N): Y									

Age/Sex: 4Y 04M F Attending: TRAP, Sharon N M.D.
Unit #: K000629604 Account #: K1687676
Admitted: 11/02/15 at 2235 Location: 5E5
Status: D/S IN Room/Bed: K15518-

Problem/Goal/Intervention Description				S/S Directions				From			
Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented	Activity	Occurred	Recorded	Documented
Type	Date	Time	By	Type	Date	Time	By	Type	Date	Time	By
Activity Date: 11/04/15 Time: 0800 (continued)				Activity Date: 11/04/15 Time: 0800 (continued)				Activity Date: 11/04/15 Time: 0800 (continued)			
100507	Reassessment/Evaluation - Pediatrics (continued)			100507	Reassessment/Evaluation - Pediatrics (continued)			100507	Reassessment/Evaluation - Pediatrics (continued)		
	Pain score: 0				Pain score: 0				Pain score: 0		
	Non-Pharmacologic (see VAR):				Non-Pharmacologic (see VAR):				Non-Pharmacologic (see VAR):		
	Emotional Support:				Emotional Support:				Emotional Support:		
	Comfort Measures:				Comfort Measures:				Comfort Measures:		
	Cognitive techniques:				Cognitive techniques:				Cognitive techniques:		
	Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N				Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N				Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N		
	Color of Urine: NOT OBSERVED				Color of Urine: NOT OBSERVED				Color of Urine: NOT OBSERVED		
	Character of Urine: NOT OBSERVED				Character of Urine: NOT OBSERVED				Character of Urine: NOT OBSERVED		
	IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N				IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N				IV Pump: Y How Many IV Pumps: 1 Feeding Pump: N Heating Pad: N		
	SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N				SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N				SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N		
	Maintain Central Line: TIC/PICC/SWAN/FORT/ED CATHETER/UAC/JVC/BROWAC? (Y/N): N				Maintain Central Line: TIC/PICC/SWAN/FORT/ED CATHETER/UAC/JVC/BROWAC? (Y/N): N				Maintain Central Line: TIC/PICC/SWAN/FORT/ED CATHETER/UAC/JVC/BROWAC? (Y/N): N		
	Can this line be removed? (Y/N): N				Can this line be removed? (Y/N): N				Can this line be removed? (Y/N): N		
	Maintain Peripheral IV or PPN Adapter Y/N: Y				Maintain Peripheral IV or PPN Adapter Y/N: Y				Maintain Peripheral IV or PPN Adapter Y/N: Y		
	*Restrains: N *Restrict Type:				*Restrains: N *Restrict Type:				*Restrains: N *Restrict Type:		
	Has patient had an adverse drug reaction this shift: N				Has patient had an adverse drug reaction this shift: N				Has patient had an adverse drug reaction this shift: N		
	-- Yes, name of Med:				-- Yes, name of Med:				-- Yes, name of Med:		
	Does the Patient Have any Complaints Or Specific Needs: Y				Does the Patient Have any Complaints Or Specific Needs: Y				Does the Patient Have any Complaints Or Specific Needs: Y		
	Specific Needs: S/S RESP DISTRESS				Specific Needs: S/S RESP DISTRESS				Specific Needs: S/S RESP DISTRESS		
	Specific Needs:				Specific Needs:				Specific Needs:		
	Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y				Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y				Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y		
	Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N				Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N				Negative Air Pressure Confirmed - Discharge of air Outdoors or HEPA Filtration Unit (Y/N): N		
	*Is patient DO NOT RESUSCITATE: N				*Is patient DO NOT RESUSCITATE: N				*Is patient DO NOT RESUSCITATE: N		
	Pediatric Fall Risk Assessment				Pediatric Fall Risk Assessment				Pediatric Fall Risk Assessment		
	Age: 4				Age: 4				Age: 4		
	(4) Less than 3 years old				(4) Less than 3 years old				(4) Less than 3 years old		
	(3) 3 to less than 7 years old				(3) 3 to less than 7 years old				(3) 3 to less than 7 years old		
	(2) 7 to less than 13 year old				(2) 7 to less than 13 year old				(2) 7 to less than 13 year old		
	(1) 13 years and above				(1) 13 years and above				(1) 13 years and above		
	Gender: 1				Gender: 1				Gender: 1		
	(2) Male (1) Female				(2) Male (1) Female				(2) Male (1) Female		
	Diagnosis: 3				Diagnosis: 3				Diagnosis: 3		
	(4) Neurological Diagnosis				(4) Neurological Diagnosis				(4) Neurological Diagnosis		
	(3) Alteration in Oxygenation				(3) Alteration in Oxygenation				(3) Alteration in Oxygenation		
	Respiratory Diagnosis, Dehydration,				Respiratory Diagnosis, Dehydration,				Respiratory Diagnosis, Dehydration,		
	Anemia, Anorexia, Syclope,				Anemia, Anorexia, Syclope,				Anemia, Anorexia, Syclope,		
	Dizziness, etc.				Dizziness, etc.				Dizziness, etc.		
	(2) Psych/Behavioral Disorders				(2) Psych/Behavioral Disorders				(2) Psych/Behavioral Disorders		
	(1) Other Diagnosis				(1) Other Diagnosis				(1) Other Diagnosis		
	Cognitive Impairment: 3				Cognitive Impairment: 3				Cognitive Impairment: 3		

Willis-Knighton South Nursing **FIVE**
 HVS PRINT ALL NURSING INFORMATION

Age/Sex: 4Y 04M F
Unit #: KCC0629604
Admitted: 11/02/15 at
Status: DIS IN

[illegible]

Problem/Goal/Intervention Description				S/S				Directions			
Activity Type	Occurred Date	Recorded Time	By Comment	Units	Activity Type	Occurred Date	Recorded Time	By Comment	Units	From	To
Activity Date: 11/04/15 Time: 0800 (continued)											
<p>1-D Patient Education (continued)</p> <p>*Follow-up care (Y/N): Y: Ongoing</p> <p>Retard/Resonance (Y/N): N</p> <p>*Nutrition (Y/N): Y: FODDER</p> <p>Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION</p>											
<p>If applicable, pt has demonstrated competence to self administer medications: N</p> <p>Med: NA Med2: NA Med3: NA</p> <p>Method Of Instruction: Explain</p> <p>Evidence Of Learning Demonstrated By: Expresses Understanding</p> <p>402170 O2 Delivery A Q2H</p> <p>- Document 11/04/15 0800 DSS 11/04/15 1731 DSS 0.0</p> <p>Oxygen Delivery Frequency: O2 Delivery: ROOM AIR</p>											
Activity Date: 11/04/15 Time: 0825											
<p>Goal: Basic nursing care will be provided.</p> <p>- Ed Target 11/04/15 0825 DSS 11/04/15 0825 DSS None => 11/07/15</p> <p>Goal: No evidence of injury to patient.</p> <p>- Ed Target 11/04/15 0825 DSS 11/04/15 0825 DSS None => 11/07/15</p> <p>Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.</p> <p>- Ed Target 11/04/15 0825 DSS 11/04/15 0825 DSS None => 11/07/15</p>											
Activity Date: 11/04/15 Time: 0944											
<p>800515 Physician Rounds A DAILY 0.0</p> <p>- Document 11/04/15 0944 DSS 11/04/15 0945 DSS</p> <p>Physician Visit To Patient By: TRANSEN Tran, Sharon N.M.D.</p>											
Activity Date: 11/04/15 Time: 0956											
<p>Problem: RC- HYPOXEMIA OR HYPOXIA, ACTUAL AND/OR</p> <p>- Ed Status 11/04/15 0956 DRW 11/04/15 0956 DRW</p> <p>Goal: RC: Improve oxygenation, correct hypoxemia, prevent hypoxia.</p> <p>- Ed Status 11/04/15 0956 DRW 11/04/15 0956 DRW</p> <p>990004-B RT - Oxygen Therapy C DAILY</p> <p>- Ed Status 11/04/15 0956 DRW 11/04/15 0956 DRW</p>											
Activity Date: 11/04/15 Time: 1000											
<p>200008 IV Site #1 Check/Care A Q2H</p> <p>- Document 11/04/15 1000 DSS 11/04/15 1039 DSS 8.0</p>											

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: 5E5
 Status: DIS IN Room/Bed: K.ES518-1

HENDERSON, [REDACTED]
 Williams-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sts Directions				From						
Activity	Occurred	Recorded	Sts	Directions	Activity	Occurred	Recorded	Sts	Directions	Activity	Occurred	Recorded	Sts	Directions
Type	Date	Time by Date	Time by	Comment	Type	Date	Time by Date	Time by	Comment	Type	Date	Time by Date	Time by	Comment
Activity Date: 11/04/15 Time: 1200 (continued)														
200008	IV Site #1 Check/Care (continued): Peripherally Inserted Central Catheter (Y/N): N Site Description #1: Normal Rate (cc/hr) #1: 45 Type Of IV Solution #1 (free text): D5 1/2 NS Site Changed #1: 11/03/15 IV Tubing Changed #1: 11/03/15 IVPB Tubing Changed #1: 11/03/15 PSI Limit Settings #1: PSI Actual Reading #1: IV Dressing Changed Site #1: 11/03/15 IV Dressing Changed Time #1: Date IV (#1) started: 11/03/15 Time IV (#1) started: A Q2H 200021 Safety Checks - Document 11/04/15 1000 DSS 11/04/15 1039 DSS Family Member At Bedside: Y Call Light/telephone In Reach: Y Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPX in use: N Pt. Off Unit: N													
Activity Date: 11/04/15 Time: 1210														
990008-A	RT - Aerosol Therapy - Document 11/04/15 1210 DRW 11/04/15 1318 DRW Is This a New Start: N Protocol N Therapy Given: Y If no, why: Therapy Frequency Q4H Meds/Dosage: ALBUTEROL ED													
Vitals: PRE HR 110 RR 24 BBS COARSE PF Effective cough: Y Increase Secretions N Sputum Amount: None Sputum Color: Sputum Consistency:														
Is Patient Progressing Toward Goal: Yes Comments/Plan: PATIENT TOLERATED TREATMENT WELL VIA MASK. NO ADVERSE REACTIONS NOTED.														
990008-A	RT - Aerosol Therapy - Document 11/04/15 1210 DRW 11/04/15 1318 DRW Is This a New Start: N Protocol N Therapy Given: Y If no, why: Therapy Frequency Q8H Meds/Dosage: ED ACROVENT													
Vitals: PRE														

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are because of reds given:

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HENDERSON, AALIYAH L

Age/Sex: 4Y GAY F Attending: Tran, Sharon N M.D.
 Unit #: K00029604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: 5ES
 Status: DLS IN Room/Bed: K.555-8-1

Willis Knighton South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions				From	
Activity Type	Occurred Date	Recorded Time by Date	Time by Comment	Units	Documented	Sts	Directions	From	Charge
Activity Date: 11/04/15 Time: 1600 (continued)									
4500-0	Intrake (continued)								
	IV (ml):								
	- VTB (ml):								
	TPN (ml):								
	Lipid (ml):								
	Blood (ml):								
450100	Output								
- Document	11/04/15 1600 DSS	11/04/15 1716 DSS	A 06:16	10.7				CP	
	Urine voided (ml):								
	Urine cath. (ml):								
	Color of Urine:								
	Character of Urine:								
	Urine Inlet Est (ml):								
	-- No Output, Is Pt. On Dialysis:								
	Void X NY: 3	Last Void Date:							
	Stool X: 2	Stool Weight cc's							
	Stool Consistency:								
	Color of Stool:								
	Amount of Stool:								
	Eleostomy (ml):								
	New Colostomy Output:								
	Old Colostomy Output (Num. of stools):								
	NG (ml):								
	Eresis (ml):								
	Rectal Tube (ml):								
	Est. Bld Loss (ml):								
	Meas Bld Loss (ml):								
	Chest Tube #1 (ml):								
	Chest Tube #2 (ml):								
	Drain 1:								
	Drain 2:								
	Drain 3:								
	Drain 4:								
	Urostomy (ml):								
	Nephrostomy (ml):								
	WOUND EVAC. #1 (ml):								
	Am. Of Or Asp. Of Misc. Body Fluid (ml):								
	Source Of Output Or Asp. Of - Misc. Body Fluid:								
200021	Safety Checks								
- Document	11/04/15 1600 DSS	11/04/15 1719 DSS	A 02H	5.3				CP	
	Family Member At Bedside: Y	Respiration Observed: Y							
	Call Light/Telephone In Reach: Y	Fall Precautions: Y							
Activity Date: 11/04/15 Time: 1730									
	Crib Rails (Up / Down): Not Applicable								
	Number Of Bed Rails Up: 3								
	Are bedrails up because of meds given: N								
	Bed Brakes Locked: Y								
	Bed High OR Low Position: LOW								
	All Alarms On and Audible: Y								
	CPM in use: N								
	Problem: *Breathing Pattern, Ineffective								
	- Create 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
	- Ed Status 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
	Goal: AIRWAY BREATHING EFFECTIVE								
	- Create 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
	- Ed Status 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
	3000001 Breathing Pattern, Ineffective								
	- Create 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
	402170 O2 Delivery								
	- Create 11/04/15 1729 DSS	11/04/15 1729 DSS	A						
Activity Date: 11/04/15 Time: 1730									
	Goal: AIRWAY BREATHING EFFECTIVE								
	- Ed Target 11/04/15 1730 DSS	11/04/15 1730 DSS	A						
Activity Date: 11/04/15 Time: 1920									
	Patient Education:								
	- Document 11/04/15 1920 CT	11/05/15 0049 CT	A						
	Teacher's Preferred Method: One-on-One Teaching								
	Language Spoken (002): English								
	If Other, Describe:								
	AS NEEDED								
	0.0								

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DTS IN Room/Bed: K.E5516-1

HENRIKSON

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Willis-Knighton South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description		Activity		Recorded		Time by Date		Time by Comment		Sts Directions		Documented		From	
Type	Date	Occurred	Time	By	Date	Time	By	Comment	Units	Charge	Sts	Directions	Documented	Units	Charge
Activity Date: 11/04/15 Time: 1920 (continued)															
10006 Discharge Assessment/Planning (continued)															
:SAFETY															
Arrangements Made to Meet Need(s): Y															
:ONCOLOG															
:															
:															
:00507 Reassessment/Evaluation - Pediatrics A															
Direction: >0719 Document when done															
- Document 11/04/15 1920 CT 11/05/15 0052 CT 0.0															
Date: 11/04/15 Shift: 7P - 7A															
Focus / Plan For The Day: BREATHING TX															
Plan Of Care Discussed With Patient: Y Plan Of Care Updated: 11/04/15															
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N															
Level Of Alertness: Responds to parent															
*Emotion/Psych Asmt: Calm															
Ventilator N															
Respirations: Regular and Effortless															
Cough: Moist Cough															
Expectorant Color: Not Applicable															
O2: N O2 Delivery: ROOM AIR															
Pulse Quality: Normal Pulsation															
Edema Of Extremity: None															
Abdomen: Soft/Active Bowel Sounds															
Bowel Movement This Shift: Y Date Of Last Bowel Movement: 11/04/15															
Are You Having PAIN / DISCOMFORT Now: N															
Is this a new episode of pain: N															
Location Of Pain:															
Duration Of Pain:															
Character Of Pain:															
Onset Of Pain:															
Pain Relieved By:															
Pain Made Worse By:															
Pain scale used to assess pain: FLACC															
Pain score: 0															
-----Pain Interventions-----															
Pharmacologic (see MAR):															
Non-Pharmacologic:															
Emotional support:															
Comfort measures:															
Cognitive techniques:															
Voiding: Y Indwelling Urinary Catheter: Y/N: N Can this catheter be removed? (Y/N): N															
Color of Urine: NOT OBSERVED															
Activity Date: 11/04/15 Time: 1920 (continued)															
1-0 Patient Education (continued)															
*Religious or Cultural practices that may affect learning: N															
If YES, describe:															
*Physical limitations that may affect learning (Y/N): N															
If YES, describe:															
*Cognitive limitations that may affect learning (Y/N): N															
If YES, describe:															
*Emotional limitations that may affect learning (Y/N): N															
If YES, describe:															
If patient has pain, what issues have been discussed with patient regarding this:															
:CALL FOR ANY PAIN OR DISCOMFORT															
:NA															
Pt/Family encouraged to report concerns about Pt. safety issues: Y															
What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED															
:LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION															
*Is patient/family motivated to learn (Y/N): Y															
If NO, explain:															
LEARNING NEEDS															
TEACHING SUMMARY															
*Disease (Y/N): Y FEVERILE ILLNESS, HYPOXIA, REACTIVE AIRWAY, MYCOPLASMA															
*Isolation (Y/N): Y DROPLET															
*Equipment (Y/N): Y CALL LIGHT															
*Procedure (Y/N): Y REASSESSMENT															
*Medication (Y/N): Y PER ORDERS															
*New Medication (Y/N): Y RESP TXS, AZITHROMYCIN															
Education:															
:															
*Follow-up care (Y/N): Y ONGOING															
Rehab/Resources (Y/N): N															
*Nutrition (Y/N): Y TODDLER															
Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND															
: LOCKED, SIDE RAILS UP, ADULT SUPERVISION															
If applicable, pt has demonstrated competence to self administer medications: N															
Med: NA Med2: NA Med3: NA															
Method Of Instruction: Explain															
Evidence Of Learning Demonstrated By: Expresses Understanding															
10006 Discharge Assessment/Planning A AS NEEDED															
- Document 11/04/15 1920 CT 11/05/15 0050 CT CP															
Discharge Problems/Needs identified: Y															
:ACTIVITY															
:S/S RESP DISTRESS															
:MEDS															
:FOLLOW UP															

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HENDERSON, [REDACTED] YAH 2

Age/Sex: 4Y 04M F Attending: Trac, Sharon N M.D.
Unit #: K00C6296C4 Account #: K3-687676
Admitted: 11/02/15 at 2235 Location: 5ES
Status: DIS IN Room/Bed: K.E5518-2

Problem/Goal/Intervention Description				Sts Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Change
Activity Date: 11/04/15 Time: 1920 (continued)								
100507	Reassessment/Evaluation - Pediatrics (continued)							
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation				
NUTRITION	Very Poor	Inadequate	Adequate	Excellent				
FRIC/SHEAR	Significant Problem	Problem	Potential Problem	No Apparent Problem				
PERF/OXYGEN	Extremely Compromised	Compromised	Adequate	Excellent				
<p>Sensory Perception: 3</p> <p>Moisture: 3</p> <p>Activity: 3</p> <p>Mobility: 4</p> <p>Nutrition: 3</p> <p>Friction/Shear: 4</p> <p>Tissue Perfusion/Oxygenation: 3</p> <p>Total Braden Scale Score: 23</p> <p>- verify that I have performed a complete skin assessment and documented all findings below.</p> <p>Skin Color: Normal</p> <p>Skin Hydration: Normal</p> <p>Skin Temp/Character: Warm & Dry</p> <p>Pressure Ulcer/Skin Impairment Since Previous Assessment: N</p> <p>- If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH:</p>								
<p>LOCATION SKIN DESCRIPTION</p> <p>FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):</p> <p>: SKIN INTACT</p>								
<p>102000 Emotional Support/Teaching</p> <p>- Document 11/04/15 1920 CT 11/05/15 0052 CT</p> <p>AS NEEDED 80.2</p>								

WILLIS-Knighton South Nursing **LIVE**
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Problem/Goal/Intervention Description				Sis Directions				From
Activity Type	Date	Time by Date	Recorded	Time by Date	Documented	Units	Charge	
Activity Date: 11/04/15 Time: 1920 (continued)								
1-D	Patient Education (continued)							
*Disease (Y/N): Y FIBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY, MYOPLASMA Isolation (Y/N): Y :DROPLET *Equipment (Y/N): Y :CALL LIGHT *Procedure (Y/N): Y :REASSESSMENT *Medication (Y/N): Y :PER ORDERS *New Medication (Y/N): Y :RESP TXS, AZITHROMYCIN Education : : *Follow-up Care (Y/N): Y :ONGOING Rehab/Resources (Y/N): N : *Nutrition (Y/N): Y :TODDLER Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND : LOCKED, SIDE RAILS UP, ADULT SUPERVISION								
If applicable, pt has demonstrated competence to self administer medications: N Yed1: NA Med2: NA Med3: NA								
Evidence Of Learning Demonstrated BY: Expresses Understanding								
Activity Date: 11/04/15 Time: 2003								
990008-A	RT - Aerosol Therapy			A Q4H		CP		
- Document 11/04/15 2003 KM 11/05/15 0522 KM 2.5 - This a New Start: N Protocol N Therapy Given: Y If so, why: Therapy Frequency Q4H Yeds/Dosage: UD ALBUTEROL								
Vitals: PRE HR 124 RR 28 BBS CLEAR : PF Effective cough: N Increase Secretions N Sputum Amount: None Sputum Color: Sputum Consistency: : NA Is Patient Progressing Toward Goal: Yes Goal Note: Y								
Comments/Plan: TOLERATED TREATMENT WELL								
990008-A	RT - Aerosol Therapy			A Q8H		CP		
- Document 11/04/15 2003 KM 11/05/15 0643 KM 2.5 - This a New Start: N Protocol N Therapy Given: Y If so, why: Therapy Frequency Q4H Yeds/Dosage: UD ALBUTEROL								
*Religious or Cultural practices that may affect learning: N If YES, describe: *Physical limitations that may affect learning (Y/N): N If YES, describe: *Cognitive limitations that may affect learning (Y/N): N If YES, describe: *Emotional limitations that may affect learning (Y/N): N If YES, describe: If patient has pain, what issues have been discussed with patient regarding this: :CALL FOR ANY PAIN OR DISCOMFORT :NA								
P-/Family encouraged to report concerns about Pt. safety issues: Y What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED :LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION								
*Is patient/family motivated to learn (Y/N): Y If NO, explain:								
LEARNING NEEDS TEACHING SUMMARY								

Age/Sex: 4Y 04M F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DIS IN Room/Bed: K.ES518--

PENDERSON, AALIYAH L

Willis-Knighton South Nursing **LIVE**
 HIMS PRINT ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Occurred Date	Recorded Time by	From Change	S/S Directions Documented Units	Activity Type	Occurred Date	Recorded Time by
Activity Date: 11/04/15 Time: 2003 (continued)					Activity Date: 11/04/15 Time: 2130 (continued)		
990008-A	RT - Aerosol Therapy (continued)		POST		200021	Safety Checks (continued)	
Vitals:	PRE					Number Of Bed Rails Up: 3	
RR 114	RR 115					Are bedrails up because of meds given: N	
RR 28	RR 28					Bed Brakes Locked: Y	
BSS CLEAR	BSS CLEAR					Bed High OR Low Position: LOW	
:	:					All Alarms On and Audible: Y	
PF	PF					CPX in Use: N	
						Pl. Off Unit: N	
	Effective cough N						
	Increase Secretions N						
	Sputum Amount: None						
	Sputum Color:						
	Sputum Consistency:						
Is Patient Progressing Toward Goal: Yes				Goal Note: Y	Activity Date: 11/04/15 Time: 2139		
Comments/Plan: TOLERATED TREATMENT WELL							
Activity Date: 11/04/15 Time: 2130							
200021	Safety Checks				990008-A	RT - Aerosol Therapy	
- Document	11/04/15 2130 CT 11/05/15 0035 CT			5.3	- Document	11/04/15 2139 RX 11/05/15 0522 RX	
Family Member At Bedside: Y	Respiration Observed: Y				Is This a New Start: N	Protocol Y Therapy Given:	
Call Light/Telephone In Reach: Y	Full Precautions: Y				Therapy Frequency Q4H	Q4H	
					Neds/Dosage: UD ALBUTEROL		
	Crib Rails (Up / Down): Not Applicable						
	Number Of Bed Rails Up: 3				Vitals:	PRE	
	Are bedrails up because of meds given: N				RR 122		RR 127
	Bed Brakes Locked: Y				RR 28		RR 28
	Bed High OR Low Position: LOW				BSS CLEAR		BSS CLEAR
	All Alarms On and Audible: Y				:		:
	CPX in Use: N				PF		PF
	Pl. Off Unit: N						
						Effective cough N	Sputum Amount: None
						Increase Secretions N	Sputum Color:
							Sputum Consistency:
						Is Patient Progressing Toward Goal: Yes	
						Comments/Plan: TOLERATED TREATMENT WELL	
Activity Date: 11/04/15 Time: 2130					Activity Date: 11/04/15 Time: 2130		

HENDERSON L

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D.
 Unit #: K000629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: 5ES
 Status: DIS IN Room/Bed: K.E5518-1

Willis-Knighton South Nursing **LIVE**
 HHS PRNG ALL NURSING INFORMATION

Problem/Goal/Intervention Description	Activity Type	Occurred Date	Recorded Date	Time by Comment	Units	Sts Directions	From
Activity Date: 11/05/15 Time: 0330							
2C0002 - Document Safety Checks 11/05/15 0330 CT 11/05/15 0429 CT A Q2H					5.3		CP
Family Member At Bedside: Y Respiration Observed: Y							
Cath Light/Telephone in Reach: Y Fall Precautions: Y							
Crib Rails (Up / Down): Not Applicable							
Number Of Bed Rails Up: 3							
Are bedrails up because of meds given: N							
Bed Brakes Locked: Y							
Bed High OR Low Position: LOW							
All Alarms On and Audible: Y							
CEM in Use: N							
PRN Off Unit: N							
Activity Date: 11/05/15 Time: 0400							
4C0010 Vital Signs taken by a NAL are reviewed by an RN.							CP
11/05/15 0400 CT 11/05/15 0420 CT BP Position:					22.4		
Blood Pressure: BP Type: Temp: 97.1 Type Of Temperature: Tympanic							
Heart Rate: 124 Heart Rate Source: Machine							
Resp. Rate: 24							
SAO2: 97							
Intake							
11/05/15 0400 CT 11/05/15 0420 CT					10.7		CP
ORAL - just H2O (ml):							
ORAL Tube Feed (ml): 240							
NGT Tube Flushes (ml):							
PEG Tube Flushes (ml):							
IV (ml):							
IVPB (ml):							
IPN (ml):							
Lipid (ml):							
Blood (ml):							
Output							
11/05/15 0400 CT 11/05/15 0420 CT					10.7		CP
Urine voided (ml):							
Urine cath. (ml):							
Color Of Urine:							
Character Of Urine:							
Urine Inct Est (ml):							
If No Output, Is Pt. On Dialysis:							
Void X MM: 2 Last Void Date: 11/05/15 Last Void Time:							
Stool X: 0 Stool Weight cc's							
Stool Consistency:							
Color Of Stool:							
Activity Date: 11/05/15 Time: 0400 (continued)							
45010C Output (continued): Amount Of Stool: 2.5							CP
Neostomy (ml):							
New Colostomy Output:							
Old Colostomy Output (Num. of stools):							
NG (ml):							
Phesals (ml):							
Rectal Tube (ml):							
Est. B.G. Loss (ml):							
Yeast B.G. Loss (ml):							
Chest Tube #1 (ml):							
Chest Tube #2 (ml):							
Drain 1:							
Drain 2:							
Drain 3:							
Drain 4:							
Neostomy (ml):							
Nephrostomy (ml):							
WOUND EVAC. #1 (ml):							
WOUND OF OR ASP. OF VASC. BODY FLUID (ml):							
SOURCE OF OUTPUT OR ASP. OF VASC. BODY FLUID:							
Activity Date: 11/05/15 Time: 0404							
990008-A RT - Aerosol Therapy 11/05/15 0404 KX 11/05/15 0522 KX A Q4H					2.5		CP
- Document 11/05/15 0404 KX 11/05/15 0522 KX							
Is This A New Start: N Protocol: N Therapy Given: Y If so, why:							
Therapy Frequency Q4H							
Meds/Dosage: UD ALBUTEROL							
Vitals: PRE							
HR 114							
RR 28							
BBS CLEAR							
: PF							
Effective cough N							
Increase Secretions N							
Sputum Amount: None							
Sputum Color:							
Sputum Consistency:							
-s Patient Progressing Toward Goal: Yes							
Comments/Plan: TOLERATED TREATMENT WELL							
990008-A RT - Aerosol Therapy 11/05/15 0404 KX 11/05/15 0523 KX A Q6H							CP
- Document 11/05/15 0404 KX 11/05/15 0523 KX							
Is This A New Start: N Protocol: N Therapy Given: Y If so, why:							
Therapy Frequency Q4H							
Meds/Dosage: UD ALBUTEROL							

Problem/Goal/Intervention Description				S/S Directions				From			
Activity Type	Occurred Date	Recorded Time by Date	Units	Activity Type	Occurred Date	Recorded Time by Date	Units	Activity Type	Occurred Date	Recorded Time by Date	Units
<p>Activity Date: 11/05/15 Time: 0404 (continued)</p> <p>(continued)</p> <p>Vitals: PRE RR 114 RR 28 BBS CLEAR PF</p> <p>Effective cough: N Increase Secretions N</p> <p>Sputum Amount: None Sputum Color: Sputum Consistency:</p> <p>Is Patient Progressing Toward Goal: Yes</p> <p>Comments/Plan: TOLERATED TREATMENT WELL</p> <p>- Ur60 11/05/15 0404 KY 11/05/15 0641 KM - Document 11/05/15 0404 KY 11/05/15 0644 KM Is this a New Start: N Protocol N Therapy Given: Y IS DO, WHY: Therapy Frequency Q4H Med/s/Dosage: UD ATROVENT</p> <p>Vitals: PRE RR 114 RR 28 BBS CLEAR PF</p> <p>Effective cough: N Increase Secretions N</p> <p>Sputum Amount: None Sputum Color: Sputum Consistency:</p> <p>Is Patient Progressing Toward Goal: Yes</p> <p>Comments/Plan: TOLERATED TREATMENT WELL</p>											
<p>Activity Date: 11/05/15 Time: 0530 (continued)</p> <p>200021 Safety Checks (continued) All Alarms On and Audible: Y CPM in use: N PT Off Chair: N</p> <p>Activity Date: 11/05/15 Time: 0553</p> <p>450010 Intake - Document 11/05/15 0553 CT 11/05/15 0553 CT</p> <p>ORAL - Just H2O (mL): ORAL (Hot Water) mL: 24 Tube Feed (mL): NGT Tube Flushes (mL): PEG Tube Flushes (mL): IV (mL): IVPB (mL): TPN (mL): Lipid (mL): Blood (mL):</p> <p>450100 Output - Document 11/05/15 0553 CT 11/05/15 0553 CT</p> <p>Urine voided (mL): Urine cath. (mL): Date Cath Inserted: Color Of Urine: Character Of Urine: Urine Int Est (mL): If No Output, Is Pt. On Dialysis: Void X NM: 1 Stool X: 1 Stool Weight cc's Stool Consistency: Color Of Stool: Amount Of Stool: Ileostomy (mL): New Colostomy Output: Old Colostomy Output (Num. of stools): NG (mL): Emesis (mL): Rectal Tube (mL): Est. Bld Loss (mL): Vess Bld Loss (mL): Chest Tube #1 (mL): Chest Tube #2 (mL): Drain 1: Drain 2: Drain 3: Drain 4: Crostomy (mL): Nephrostomy (mL): WOUND EVAC. #1 (mL):</p>											
<p>Activity Date: 11/05/15 Time: 0530</p> <p>200021 Safety Checks - Document 11/05/15 0530 CT 11/05/15 0627 CT</p> <p>Family Member At Bedside: Y Cair. Light/Telephone In Reach: Y</p> <p>Respiration Observed: Y Fall Precautions: Y</p> <p>Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High/ OR Low Position: LOW</p>											

Willis-Knighton South Nursing *LIVE**
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Age/Sex: 4Y 04X F
Unit #: K00629604
Admitted: 11/02/15 at 2235
Status: DLS 2N
Attending: Tran, Sharon N M.D.
Account #: K31687676
Location: SES
Room/Bed: K.E5318--

Problem/Goal/Intervention Description				Sis Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	Charge			
Activity Date: 11/05/15 Time: 0553 (continued)								
450100 Output (continued)								
Art. Of Or Asp. Of Misc. Body Fluid (ml):								
Source Of Output Or Asp. Of - Misc. Body Fluid:								
Activity Date: 11/05/15 Time: 0600								
1-D	Patient Education			A	AS NEEDED	0.0	PS	
- Document	11/05/15 0800 DSS	11/05/15 0819 DSS						
Learner: Grandparent(s)								
Learner's Preferred Method: One-on-One Teaching								
Language Spoken (002): English								
If Other, Describe:								
*Religious or Cultural practices that may affect learning: N								
If YES, describe:								
*Physical limitations that may affect learning (Y/N): N								
If YES, describe:								
*Cognitive limitations that may affect learning (Y/N): N								
If YES, describe:								
*Emotional limitations that may affect learning (Y/N): N								
If YES, describe:								
If patient has pain, what issues have been discussed with patient regarding this:								
:CALL FOR ANY PAIN OR DISCOMFORT								
:								
Pt/family encouraged to report concerns about Pt. safety issues: Y								
What safety issues have been addressed with the patient: 2 PT IDS, CALL BELL IN REACH, BED LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION								
:LOW AND LOCKED, SIDE RAILS UP, ADULT SUPERVISION								
:								
*Is patient/family motivated to learn (Y/N): Y								
If NO, explain:								
LEARNING NEEDS								
*Disease (Y/N): Y :FEBRILE ILLNESS, HYPOXIA, REACTIVE AIRWAY, MYOPLASMA								
Isolation (Y/N): Y :DROPLET								
*Equipment (Y/N): Y :CALL LIGHT								
*Procedure (Y/N): Y :REASSESSMENT								
*Medication (Y/N): Y :PER ORDERS								
*New Medication (Y/N): Y :RESP TXS, AZITHROMYCIN								
Education:								
:								
*Follow-up care (Y/N): Y :ONGOING								
Rehab/Resources (Y/N): N :								
*Nutrition (Y/N): Y :TODDLER								
Other Teaching: POC, SAFETY, CHANNEL 95, 2 PT IDS, CALL BELL IN REACH, BED LOW AND								
: LOCKED, SIDE RAILS UP, ADULT SUPERVISION								
:								
If applicable, pt has demonstrated competence to self-administer medications: N								
Med1: NA Med2: NA								

Problem/Goal/Intervention Description				Sis Directions				From
Activity Type	Occurred Date	Recorded Date	Time by Comment	Documented Units	Charge			
Activity Date: 11/05/15 Time: 0800 (continued)								
1-D	Patient Education (continued)							
Method Of Instruction: Explain								
Evidence of Learning Demonstrated By: Expresses Understanding								
102002	PAIN Assessment / Management - PED			A	PRN		PS	
Use to document the effectiveness of medications given specifically for the control of pain.								
Ask patient to be specific regarding location, severity, and type of pain.								
- Document	11/05/15 0800 DSS	11/05/15 0830 DSS				0.0		
Are You Having PAIN / DISCOMFORT Now: N								
Is this a new episode of pain: N								
Location Of Pain:								
Duration Of Pain:								
Pain Frequency:								
Character Of Pain:								
Onset Of Pain:								
Pain Relieved By:								
Pain Made Worse By:								
Cause of pain:								
Pain scale used to assess pain: FLACC								
Pain score: 0								
-----Pain Interventions-----								
Pharmacologic (see VNR): Y								
Non-Pharmacologic:								
Emotional support: Y								
Comfort measures: Y								
Cognitive techniques: N								
100006	Discharge Assessment/Planning			A	AS NEEDED		CP	
- Document	11/05/15 0800 DSS	11/05/15 0839 DSS						
Discharge Problems/Needs Identified: Y								
:ACTIVITY								
:S/S RESP DISTRESS								
:MEDS								
:FOLLOW UP								
:SAFETY								
Arrangements Made to Meet Need(s): Y								
:ONGOING								
:								
:								
:								

Age/Sex: 4Y 04X F Attending: Tran, Sharon N M.D.
Unit #: K00629604 Account #: K31687676
Admitted: 11/02/15 at 2235 Location: SES
Status: DCS IN Room/Bed: K.E5518-1

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Problem/Goal/Intervention Description				From			
Activity	Occurred	Recorded	Time by Date	Time by Date	Time by Date	Time by Date	Change
Activity Date: 11/05/15 Time: 0800 (continued)							
100507	Reassessment/Evaluation - Pediatrics A						
Direction: ->07/19 Document when done							
Date: 11/05/15 0800 DSS 11/05/15 0830 DSS							
Date: 11/05/15 Shift: 7A - 7P							
Focus / Plan For The Day: BREATHING TX, meds							
Plan of Care Discussed With Patient: Y Plan of Care Updated: 11/05/15							
Wound: N Dressing: N Drain: N Pain At Present Time: N Swallowing Difficulty: N							
Level of Alertness: Responds to parent Pupillary Reaction: Equal/Reactive							
Emotion/Psych Asmt: Apprehensive/Responds to care Responds: Spontaneous-Y							
Ventilator N *Breath Sounds: Coarse							
Cough: Moist Cough Amount Expectorated: Not Observed							
Expectorant Color: Not Applicable Consistency: Not Applicable							
O2: N O2 Delivery: ROOM AIR @ % (When using Ender)							
Pulse Quality: Normal Pulsation Woman's Sign: Not Indicated							
Edema Of Extremity: None Bowel Sounds: Present							
Abdomen: Soft/Active Bowel Sounds							
Bowel Movement This Shift: N Date Of Last Bowel Movement: 11/04/15							
Are You Having PAIN / DISCOMFORT Now: N							
Is this a new episode of pain: N							
Location Of Pain:							
Duration Of Pain:							
Character Of Pain:							
Onset Of Pain:							
Pain Relieved By:							
Pain Made Worse By:							
Pain scale used to assess pain: FLACC							
Pain score: 0							
-----Pain Interventions-----							
Pharmacologic (see MAR):							
Non-Pharmacologic:							
Emotional support:							
Comfort measures:							
Cognitive techniques:							
Voiding: Y Indwelling Urinary Catheter Y/N: N Can this catheter be removed? (Y/N): N							
Color Of Urine: NOT OBSERVED							
Character Of Urine: Not Observed							
IV Pump: N How Vary IV Pumps: 0 Feeding Pump: N Heating Pad: N							
SCDs in place at beginning of shift: N TEDs in place at beginning of shift: N							
Maintain Central Line: TLC/PLCC/SWAN/PORT/HD CATHETER/UC/UCV/BROVZAC? (Y/N): N							
Can this line be removed? (Y/N): N							

Problem/Goal/Intervention Description

Activity Type Occurred Date Recorded Date Time by Date Time by Date Time by Date Time by Date

From

Change

Activity Date: 11/05/15 Time: 0800 (continued)

100507 Reassessment/Evaluation - Pediatrics (continued)

Maintain Peripheral IV or PRN Adaptor Y/N: N

*Restrains: N *Restrains Type:

Has patient had an adverse drug reaction this shift: N

If yes, name of Med:

Type of Reaction:

Does the Patient have any Complaints Or Specific Needs: Y

Specific Needs: S/S RESP DISTRESS

Specific Needs:

Precautions: Y Type of Precautions: Droplet Precaution Standard Precautions: Y

Negative Air Pressure Confirmed - Discharge of air outdoors or HEPA Filtration Unit(Y/N): N

*Is patient DO NOT RESUSCITATE: N

Pediatric Fall Risk Assessment

Age: 4

(4) Less than 3 years old

(3) 3 to less than 7 years old

(2) 7 to less than 13 year old

(1) 13 years and above

Gender: 1

(2) Male (1) Female

Diagnosis: 3

(4) Neurological Diagnosis

(3) Alteration in Oxygenation

Respiratory Diagnosis, Dehydration, Anemia, Anorexia, Syncope, Dizziness, etc.

(2) Psych/Behavioral Disorders

(1) Other Diagnosis

Cognitive Impairment: 3

(3) Not Aware of Limitations

(2) Forgets Limitations

(1) Oriented to Own Ability

Environmental Factors: 2

(4) History of Fall or Infant-Toddler Placed in Bed

(3) Patient uses assistive devices or Infant-Toddler in Crib or Furniture/Lighting

(2) Patient Placed in Bed

(1) Outpatient Area

Response to Surgery/Sedation/Anesthesia 0

(3) Within 24 hours

(2) Within 48 hours

(1) More than 48 hours

Medication Usage: 1

(3) Multiple usage of: Sedatives, Hypnotics, Barbiturates, Phenothiazines, Anti-depressants, Laxatives/Diuretics, Narcotic

(2) One of the meds listed above

(1) Other Medications/None

Fall Risk Total: 14

----- BRADEN SCALE FOR PEDS (LESS THAN 16 YEARS OLD) -----

1 2 3 4

SENS PERCEP Completely Limited Very Limited Slightly Limited No Impairment

MOISTURE Constantly Moist Very Moist Occasionally Moist Rarely Moist

ACTIVITY Bedfast Chairfast Walks Occasionally Age Appropriate

MOBILITY Completely Immobile Very Limited Slightly Limited No Limitation

NUTRITION Very Poor Inadequate Adequate Excellent

PR-CT/SEAR Significant Problem Problem Potential Problem No Apparent Problem

PERF/OXYGEN Extremely Compromised Compromised Adequate Excellent

Sensory Perception: 3

Moisture: 3

Activity: 3

Mobility: 4

- Slightly Limited

- Occasionally Moist

- Walks Occasionally

- No Limitation

Willis-Kington South Nursing **LIVE**
 HELMS PRINT ALL NURSING INFORMATION

[illegible]

Age/Sex: 4Y 04X F
Unit #: K000629604
Admitted: 11/02/15 at 2235
Status: DIS IN
Attending: Tran., Sharon; N.Y.D.
Account #: K31687676
Location: 535
Room/Bed: K.53518-1

[illegible]

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Printed 10/01/19 at 1353

Age/Sex: 4Y 04Y F Attending: Tran, Sharon N.Y.D.
 Unit #: K00629604 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DES IN Room/Bed: K.E5518-C

Problem/Goal/Intervention Description				Sis Directions				From			
Activity Type	Occurred Date	Recorded Date	Time by Date	Time by Date	Time by Date	Time by Date	Time by Date	Documented Units	Documented Units	Documented Units	Change
Activity Date: 11/05/15 Time: 1600 (continued)											
45001C	Intake		A	06.18				10.7			CP
11/05/15 1600 DSS 11/05/15 1759 DSS ORAL - just H2O (ml): 840 ORAL (not water) (ml): 840 Tube Feed (ml): NGT Tube Flushes (ml): PEG Tube Flushes (ml): IV (ml): IVPB (ml): TPN (ml): Lipid (ml): Blood (ml): Output 11/05/15 1600 DSS 11/05/15 1759 DSS Urine voided (ml): Urine cath. (ml): Color of Urine: Character of Urine: Urine Inct Est (ml): Void X NM: 4 Last Void Date: Last Void Time: Stool X: 1 Stool Weight cc's Date of Last BV: Stool Consistency: Color of Stool: Amount of Stool: Ileostomy (ml): New Colostomy Output: Old Colostomy Output (Num. of stools): NG (ml): Emesis (ml): Rectal Tube (ml): Est. Bld Loss (ml): Meas Bld Loss (ml): Chest Tube #1 (ml): Chest Tube #2 (ml): Drain 1: Drain 2: Drain 3: Drain 4: Gastrostomy (ml): Nephrostomy (ml): WOUND EVAC. #1 (ml): Art. Of Or Asp. Of Misc. Body Fluid (ml): Source of Output Or Asp. Of Misc. Body Fluid: Safety Checks 200021 11/05/15 1600 DSS 11/05/15 1800 DSS - Document Family Member At Bedside: Y Respiration Observed: Y Call Light/Telephone In Reach: Y Fall Precautions: Y											
Activity Date: 11/05/15 Time: 1600											
200021	Safety Checks (continued)										CP
Crib Rails (Up / Down): Not Applicable Number Of Bed Rails Up: 3 Are bedrails up because of meds given: N Bed Brakes Locked: Y Bed High OR Low Position: LOW All Alarms On and Audible: Y CPV in use: N P.O. Off Unit: N											
Activity Date: 11/05/15 Time: 1628											
100552	Discharge Summary 2 Ped										AS
- Create 11/05/15 1628 T.B 11/05/15 1636 T.B - Document 11/05/15 1628 T.B 11/05/15 1636 T.B Pt's Chief Complaint: TROUBLE BREATHING *Functional Level Prior To Admit: Dependent Expected Therapy/Outcome: RELIEF OF SYMPTOMS Brief Summary Of Hospital Stay: IV FLUIDS, ANTIEMETICS, RESPIRATORY TREATMENTS Discharge Diag./Complications: NONE ---DISCHARGE VITAL SIGNS--- Blood Pressure: Heart Rate: 130 Resp. Rate: 30 Temp: 97.7 Type Of Temperature: Tympanic Heparin Lock Removed: YES Telemetry Removed: NOT APPLICABLE ---DISCHARGE FOLLOW UP--- Appt. With: Pt/Fam Make Appt In: Appt. With: Pt/Fam Make Appt In: Appt. With: Pt/Fam Make Appt In: Appt. With: Pt/Fam Make Appt In: Appt. With: HER PRIMARY CARE PHYSICIAN-CALL FOR APPT. Pt/Fam Make Appt In: NEXT WEEK Referral To: *PT:N *OT:N *CR:N Hospice: N*SS: N *HH:N *Diet Cnstr:N *RT:N *ST:N Functional Level On Discharge: Dependent Resume Normal Activity: Y Restricted Activity For: NA Restricted Activity: Not Applicable DOC: NA Hygiene Restrictions: Not Applicable Diet Restrictions: REGULAR DIET FOR AGE ---TAKE HOME MEDICATIONS----- NAME/DOSE TIMES SPECIAL INSTRUCTIONS : ORAPRED 15/5 GIVE 5 ML BY MOUTH 2 TIMES A DAY FOR 3 DAYS-NEXT DOSE 9 PM : AZITHROMYCIN 100/5 GIVE 3 ML BY MOUTH EVERY DAY FOR 2 DAYS-NEXT DOSE : TOMORROW MORNING : ALBUTEROL 2.5 MG/3 ML GIVE 3 ML VIA NEBULIZER EVERY 4-6 HOURS AS NEEDED : FOR WHEEZING											

[illegible]

Page: 38 of 39

Printed 10/01/19 at 1353

HENDERSON L

Age/Sex: 4Y 04K F Attending: Tran, Sharon N M.D.
 Unit #: K00029604 Account #: K01687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: DIS IN Room/Bed: K.5551B-1

Willis-Knighton South Nursing **LIVE**
 HTMS PRIN: ALL NURSING INFORMATION

Problem/Goal/Intervention Description				Sts Directions			
Activity Type	Occurred Date	Recorded Time by Date	Time by Date	Comment	Documented Units	Change	From
Activity Date: 11/05/15 Time: 1636							
4000-C	Vital Signs taken by a NAC are reviewed by an RN.	11/05/15 1636 SEJ	11/05/15 1636 SEJ	A Q4H	21.4		CP
- Document Blood Pressure: BP Position: 21.4							
BP Type: Type Of Temperature: Heart Rate Source: Machine							
Heart Rate: 122 Resp. Rate: 28 SMO2: 98							
C2 Delivery: ROOM AIR							
Activity Date: 11/05/15 Time: 1801							
1-D	Patient Education	11/05/15 1801 his	11/05/15 1801 his	D AS NEEDED			PS A => D
- Ed Status	Pediatric Admit Assessment	11/05/15 1801 his	11/05/15 1801 his	D AS NEEDED			AS A => D
100522	Discharge Summary 2 Ped	11/05/15 1801 his	11/05/15 1801 his	D AT TIME OF DISCHARGE			AS A => D
100552	PAIN Assessment / Management - PED	11/05/15 1801 his	11/05/15 1801 his	D PRN			PS A => D
Use to document the effectiveness of medications given specifically for the control of pain.							
Ask patient to be specific regarding location, severity, and type of pain.							
- Ed Status	11/05/15 1801 his	11/05/15 1801 his	11/05/15 1801 his	D			A => D
990001-3	RT - Initial Assessment	11/05/15 1801 his	11/05/15 1801 his	D			PS A => D
- Ed Status	Problem: *Basic Pediatric Nursing Care	11/05/15 1801 his	11/05/15 1801 his	D			A => D
- Ed Status	Goal: Basic nursing care will be provided.	11/05/15 1801 his	11/05/15 1801 his	D			A => D
100036	Discharge Assessment/Planning	11/05/15 1801 his	11/05/15 1801 his	D AS NEEDED			CP A => D
- Ed Status	Reassessment/Evaluation - Pediatrics	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
100507	Director ->07,19 Document when done	11/05/15 1801 his	11/05/15 1801 his	D			A => D
- Ed Status	Critical Value Reporting	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
100600	Emotional Support/Teaching	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
102000	Pain, Infant Scale	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
- Ed Status	Also perform PRN for painful procedures	11/05/15 1801 his	11/05/15 1801 his	D			A => D
102011	Bath, Total Red - Toddler	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
- Ed Status	When Changed	11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
250510-A		11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
- Ed Status		11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
250512		11/05/15 1801 his	11/05/15 1801 his	D			CP A => D
- Ed Status		11/05/15 1801 his	11/05/15 1801 his	D			CP A => D

Problem/Goal/Intervention Description:

Activity Type Occurred Date Recorded Time by Date

Activity Date: 11/05/15 Time: 1628 (continued)

100552 Discharge Summary 2 Ped (continued)
 Cardiopulmonary Home Care Instructions Provided: N Diagnostics patients: N

Smoking can be hazardous to your health and those around you. ANNOX that smokes should stop for their health. Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

**REMINER TO PATIENT AND/OR FAMILY: Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Hep-Lox removed: Yes Is there an MD order to leave in place:

Foley Catheter removed: Not Applicable Is there an MD order to leave in place:

PICC line removed: Not Applicable Is there an MD order to leave in place: N

Is Home Health set up to care for PICC line at home:

Was PICC flushed and dressing changed according to policy:

Were PICC line Home Care Instructions given to patient:

If any other devices were left in place, describe: NA

*** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) ***
 : NA

*** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) ***
 : NA

*** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***
 Department: NA

If pt. delivered baby while in hospital, enter blood types:

PATIENT BLOOD TYPE :

Baby 2 Type and RH:

Patient Or Family Signature:

Time Of Discharge: 1636 Nurse Signature: T. BROOKS, RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

- Edit Results 11/05/15 1628 T.B 11/05/15 1643 T.B

: PEDIAPROPHEN (BUTAPROPHEN) 120 MG GIVE 6 ML BY MOUTH EVERY 6 HOURS AS [

: NEEDED FOR TEMPERATURE MORE THAN OR EQUAL TO 101 DEGREES [

: TYLENOL 75 MG GIVE 5.5 ML BY MOUTH EVERY 4 HOURS AS NEEDED FOR [

: TEMPERATURE MORE THAN OR EQUAL TO 100.4 DEGREES [

HENDERSON, ARLYVAH L.
 Williams-Knighton South Nursing "ACTIVE"
 HIMS PRIME ALL NURSING INFORMATION


Age/Sex: 4Y 04M F Attending: Tran, Sharon N.Y.D.
 Unit #: K000629504 Account #: K31687676
 Admitted: 11/02/15 at 2235 Location: SES
 Status: D/S IN Room/bed: K.55518-1

Problem/Goal/Intervention Description				Problem/Goal/Intervention Description			
Activity Type	Occurred Date	Recorded Time	Sts Directions Documented Units	From Change	Activity Type	Occurred Date	Recorded Time
Activity Date: 11/05/15 Time: 1801					Activity Date: 11/05/15 Time: 1801		
400010	Vital Signs	by a NAR are reviewed by RN.	D Q4H	CP	300001	Breathing Pattern, Ineffective	11/05/15 1801
- Ed Status	11/05/15 1801	11/05/15 1801		A => D	40270	O2 Delivery	11/05/15 1801
401335	Weight, Daily, PEDI OR NSV		D DAILY	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
450010	Intake		D 06,18	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
450100	Output		D 06,18	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
550030-B	Feed With Assistance		D MEALTIMES	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
550040	Formula Prep		D MEALTIMES	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
550090	Feed Formula Per Family Or Staff		D Q4H	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
800515	Physician Rounds		D DAILY	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
800516	Clergy Visits		D DAILY	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
Problem: "NUTRY, POTENTIAL FOR							
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
Goal: No evidence of injury to patient.							
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
200027	Safety Checks		D Q2H	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
Problem: "KNOWLEDGE DEFICIT							
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
Goal: Patient/Family Will Verbalize Understanding of Diagnosis and Treatment.							
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			
1-D Patient Educator			D AS NEEDED	CP			
- Ed Status	11/05/15 1801	11/05/15 1801		A => D			

Program Initials Name
 BAC CHAMBER, RT CHANGELA, BERT A
 CCP COOK, NS POLLARD, CASSANDRA J
 CV MEYER, NS MEYER, CINDY
 CT THOMAS, CALVIN D
 DM WILLIAMS, DEBRA R
 DES HAYES, NS STEVENSON, DIANA S.
 JW WATSON, JESSICA
 JMJ WATSON, NS JOHNSON, JOEL W
 KJ YOUNG, RT YOUNG, KATHERINE H
 KY CANIZAR, RT MCULOCK, KARLA
 KV PATTON, NS JOHNSON, SALOME E
 SEJ BROOKS, TERRI L
 TCB CONEST, RT STIGES, TANYA
 TS VANN, NS VANN, VANARIE
 VV automatic by program

MEDICATION ADMINISTRATION RECORD		ROWERS, DP				
IN PERIOD: 11/05/15 to 11/06/15-0700		11/04/15-2030				
EX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005362123	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Tran, Sharon N M.D. DOSE: (UNIT DOSE(S)) INH .Q4H SCH DOSE INSTR: AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1245 11/04/15				
K005362124	ATROVENT 0.02% - 0.2 MG/ML UD INH.SOLN (None) (ATROVENT 0.02%) ORD DR: Tran, Sharon N M.D. DOSE: (INHAL SOLN(S)) INH .Q8H X 24 HRS SCH DOSE INSTR: 2.5 ML UNIT DOSE COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	1245 11/04/15	1244 11/05/15			
K005362125	PREDNISOLONE 15 MG/5 ML 5MLUDC (None) (ORAPRED U/D) ORD DR: Tran, Sharon N M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO BID SCH DOSE INSTR: 12 MG (4 ML) COMMENTS: (REFRIGERATE!)	0900 11/04/15		0900 1100 15/AT	2300	
K005362126	AZITHROMYCIN 100 MG/5 ML 15MLBOT (None) (ZITHROMAX) ORD DR: Tran, Sharon N M.D. DOSE: (15ML BOT(S)) PO DAILY SCH DOSE INSTR: 60 MG (3 ML) COMMENTS: (SHAKE WELL!) (STORE AT ROOM TEMPERATURE!)	0900 11/04/15		0900		0600


LEGEND:											
RD Rt Deltoid		RUG Rt Upper Outer Quadrant		RLT Rt Lateral Thigh		RMT Rt Dorsal Thigh		RA Rt Abd		RVG Rt Ventrogluteal	
LD Lt Deltoid		LUG Lt Upper Outer Quadrant		LLT Lt Lateral Thigh		LMT Lt Dorsal Thigh		LA Lt Abd		LVG Lt Ventrogluteal	
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.
Amber Taylor		AT	Amber Taylor		AT						
Amber Taylor RN		AT	Amber Taylor RN		AT						

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP BERKELEYPORT, LOUISIANA 71118 		Acct#: K31687476 Med Rec#: K000623604 Name: [REDACTED] Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: 27 lb 8.92 oz = 12.5 kg Marital Status: SIN BSA: 0.53 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.E5518-1 Adm Date: 11/03/15 Location: SEB Service: PED D.O.B.: 10/01/13 PAGE 1
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MEDICATION ADMINISTRATION RECORD					ROBERTS, DF	
IN PERIOD: 11/05/15 to 11/06/15-0700					11/04/15-2030	
RX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700


LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDY	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDY	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentrGluteal	LA	Lt Abd	LVG	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOWNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31687676 Med Rec#: K000629604 Name: [REDACTED] Phys: Tran, Sharon W M.D. Age: 2Y 01M Sex: F Wgt: 27 lb 8.92 oz = 12.5 kg Marital Status: SIM BSA: 0.53 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.X5518-1 Adm Date: 11/03/15 Location: SES Service: PED D.O.B.: 10/01/13 PAGE 2
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MEDICATION ADMINISTRATION RECORD								ROBERTS.DP	
ADMIN PERIOD: 11/05/15-0001 to 11/06/15-0700								11/04/15-2030	
RT #	MEDICATION	START	STOP						
***** PRN MEDS *****									
K005361343	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Tran, Sharon N M.D. DOSE: (UD CUP(S)) PO .Q4H PRN DOSE INSTR: 175MG (5.5ML) COMMENTS: AS NEEDED FOR TEMPERATURE >= 100.4 (DO NOT EXCEED 4,000 MG/24HRS!)	1730 11/03/15							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT		TIME	INIT
K005361344	IBUPROFEN PED. SUSP 100 MG/5 ML 5MLUDC (None) (PEDIA PROFEN) ORD DR: Tran, Sharon N M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .Q6H PRN DOSE INSTR: 120MG (6ML) COMMENTS: AS NEEDED FOR TEMPERATURE >= 101 (SHAKE WELL!) (SAME AS ADVIL/MOTRIN)	1730 11/03/15							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT		TIME	INIT


LEGEND:											
RD	Rt Deltoid	MDG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RLT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt Ventrogluteal
LD	Lt Deltoid	LDG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LLT	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOWNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118						Acct#: K31687676 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: 27 lb 8.92 oz = 12.5 kg Marital Status: SIM BSA: 0.53 m2			Room/Bed: K.15518-1 Adm Date: 11/03/15 Location: 5ES Service: PED D.O.B.: 10/01/13		
						Allergies: .. see ALLERGY SOURCE DOCUMENT ..			PAGE 3		

LEGEND:																	
AD	Rt	Deltoid	KDU	Rt	Upper Outer Quadrant	RIT	Rt	Lateral Thigh	DDT	Rt	Dorsal Thigh	RA	Rt	Abd	AVG	Rt	Ventrodorsal
LD	Lt	Deltoid	LDU	Lt	Upper Outer Quadrant	LIT	Lt	Lateral Thigh	LDT	Lt	Dorsal Thigh	LA	Lt	Abd	LVG	Lt	Ventrodorsal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.			

MEDICATION ADMINISTRATION RECORD (2946) WILLIE-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118				Acct#: K31687676 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: 27 lb 8.92 oz = 12.5 kg Marital Status: SIN BSA: 0.53 m2				Room/Bed: K.W5518-1 Adm Date: 11/03/15 Location: SES Service: PED D.O.B.: 10/01/13			
				Allergies: .. see ALLERGY SOURCE DOCUMENT ..				PAGE 4			

MEDICATION ADMINISTRATION RECORD							
PATIENT PERIOD: 11/05/15 to 11/06/15-0700							
ROBERSP.DP 11/04/15-2030							
RX # MEDICATION				START	STOP		
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME		PAIN SCALE REASSESSMENT	TIME INIT

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RIT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LIT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt Ventrogluteal	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOURN INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31687616 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Tran, Sharon M M.D. Age: 2Y 01M Sex: F Wgt: 27 lb 8.92 oz = 12.5 kg Marital Status: SIN BSA: 0.53 m2 Allergies: ... see ALLERGY SOURCE DOCUMENT ...	Room/Bed: K.25518-1 Adm Date: 11/03/15 Location: 5ES Service: PED D.O.B.: 10/01/13 PAGE 5
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RUN DATE: 11/04/15
RUN TIME: 2146
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: K.E5518 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact: NKDA	11/03/15 - 1358
Allergy2-Med/Contact: NKDA	11/03/15 - 1358
Food Allergies-Intol: NONE	11/03/15 - 1358
Latex Allergy (Y/N): N	11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/04/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/03/15
RUN TIME: 1254
RUN USER: PETERS.AM

Ellis Knighton with *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: K.E5518 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/03/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/03/15
RUN TIME: 1254
RUN USER: PETERS.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] I L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: K.E5518 Serv/Locn: PED Status: IN Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/03/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD				ROBERTS, DP		
N PERIOD: 11/04/15 to 11/05/15-0700				11/03/15-2030		
EX #	MEDICATION	START	STOP	DAY 0700-1500	EVENING 1501-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005361342	METHYLPREDNISOLONE 40 MG/ML (12 MG SOLU MEDRON)					
ORD DR: Tran, Sharon M.D.		2330				
DOSE: 12 MG- (0.3 1ML VIAL(S)) IVP Q12H SCH		11/03/15				
D/C MEDICINE						
K005361505	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D)					
ORD DR: Tran, Sharon M.D.		2015				
DOSE: (UNIT DOSE(S)) INH Q4H SCH		11/03/15				
DOSE INSTR: AS DIRECTED						
COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)						

ordered 12mg PO bid.

1300 SAT

2300 DT/KK

Azithromycin 500mg PO Qday.

0600 D.T./KK

***** IVS *****			
K005360456	CETRIAXONE 1 GM VIAL (0.6 GM) (ROCEPHIN)		
IN: DSW 50 ML BAG (50 ML) (DSW)			
ORD DR: Paul, Edward M.D.		0100	
RATE: 100 MLS/HR		11/04/15	
COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **			
D/C MEDICINE			

D5 2Ans @ 45 mL/hr

D/C MEDICINE

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVE	Rt VentrGluteal	LA	Lt Abd	LVE	Lt VentrGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Amber Chubb RN	AC	Amber Chubb RN	AC	Amber Chubb RN	AC	Amber Chubb RN	AC
Amber Chubb RN	AC	Amber Chubb RN	AC	Amber Chubb RN	AC	Amber Chubb RN	AC
MEDICATION (2946)				Acct#: X31697676 Med Rec#: K000429604			
WILLIS-KNIGHTON SOUTH				Name: HENDERSON, L			
2510 BERT KOUNS INDUSTRIAL LOOP				Phys: Tran, Sharon M.D.			
SHREVEPORT, LOUISIANA 71118				Age: 2Y 01M Sex: F Wgt: 25 lb 12.71 oz = 11.7 kg			
				Marital Status: SIM BSA: 0.91 m2			
				Room/Bed: K.25518-1			
				Adm Date: 11/03/15			
				Location: 5N5			
				Service: PED			
				D.O.B.: 10/01/13			
				Allergies: .. see ALLERGY SOURCE DOCUMENT ..			

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OVER 5

MEDICATION ADMINISTRATION RECORD				ROBERTS, DP		
ADMIN PERIOD: 11/04/15 to 11/05/15-0700				11/03/15-2030		
RX #	MEDICATION	START	STOP	DAY 0701-1800	EVENING 1801-2300	NIGHT 2301-0700
***** IV'S *****						
K005360457	AZITHROMYCIN 500 MG VIAL (60 MG) (ZITHROMAX) IN: SODIUM CHLORIDE 0.9% 100 ML BAG (100 ML) (SODIUM CHLORIDE 0.9%) ORD DR: Paul, Edward M.D. RATE: 100 ML8/HR DUR: 1 FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	0500 11/04/15		D/C MEDICINE <i>Δ to PO</i>		STOP <i>8500</i>


LEGEND: RD Rt Deltoid RUQ Rt Upper Outer Quadrant RLT Rt Lateral Thigh RDT Rt Dorsal Thigh RA Rt Abd RVG Rt Ventrogluteal LD Lt Deltoid LUQ Lt Upper Outer Quadrant LLT Lt Lateral Thigh LDT Lt Dorsal Thigh LA Lt Abd LVG Lt Ventrogluteal							
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31587676 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Trans, Sharon W M.D. Age: 2Y 01M Sex: F Wgt: 25 lb 12.71 oz = 11.7 kg Marital Status: SIN BSA: 0.51 m2	Room/Bed: K.25518-1 Adm Date: 11/03/15 Location: SES Service: PED D.O.B.: 10/01/13
Allergies: .. see ALLERGY SOURCE DOCUMENT ..		

MEDICATION ADMINISTRATION RECORD						ROBERTS.DP	
IN PERIOD: 11/04/15 to 11/05/15-0700						11/03/15-2030	
RX #	MEDICATION	START	STOP				
***** PRN MEDS *****							
K005361343	ACETAMINOPHEN 325 MG/10.15 ML UDC (None) (TYLENOL) ORD DR: Tran, Sharon N M.D. DOSE: (UD CUP(S)) PO .Q4H PRN DOSE INSTR: 175MG (5.5ML) COMMENTS: AS NEEDED FOR TEMPERATURE >= 100.4 (DO NOT EXCEED 4,000 MG/24HRS!)	1730 11/03/15					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT
K005361344	IBUPROFEN PED. SUSP 100 MG/5 ML 5MLUDC (None) (PEDIA PROFEN) ORD DR: Tran, Sharon N M.D. DOSE: (5ML UNIT DOSE CUP(S)) PO .Q6H PRN DOSE INSTR: 120MG (6ML) COMMENTS: AS NEEDED FOR TEMPERATURE >= 101 (SHAKE WELL!) (SAME AS ADVIL/MOTRIN)	1730 11/03/15					
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT


LEGEND:											
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	R/LT	Rt Lateral Thigh	R/DL	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt Ventrogluteal
LD	Lt Deltoid	LUG	Lt Upper Outer Quadrant	L/LT	Lt Lateral Thigh	L/DL	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118						Acct#: K31687676 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: 25 lb 12.71 oz = 11.7 kg Marital Status: SIM BSA: 0.51 m2			Room/Bed: K.M5518-1 Adm Date: 11/03/15 Location: 5ES Service: PED D.O.B.: 10/01/13		
						Allergies: .. see ALLERGY SOURCE DOCUMENT ..			PAGE 3		

LEGEND:											
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDY	Rt Dorsal Thigh	RA	Rt Abd	RVO	Rt Ventrogluteal
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDY	Lt Dorsal Thigh	LA	Lt Abd	LVO	Lt Ventrogluteal
SIGNATURE		INIT.		SIGNATURE		INIT.		SIGNATURE		INIT.	

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOONS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K11687676 Med Rec#: K000629604 Name: HENDERSON, AALIYAH L Phys: Tran, Sharon M M.D. Age: 2Y 01M Sex: F Wgt: 25 lb 12.71 oz = 11.7 kg Marital Status: SIM BSA: 0.51 m2	Room/Bed: K.55518-1 Adm Date: 11/03/15 Location: 5WS Service: PED D.O.B.: 10/01/13
	Allergies: .. see ALLERGY SOURCE DOCUMENT ..	
	PAGE 4	

MEDICATION ADMINISTRATION RECORD							
PATIENT PERIOD: 11/04/15 to 11/05/15-0700							
ROBERTS.DP 11/03/15-2030							
EX #	MEDICATION	START	STOP				

LEGEND:							
RD	Rt Deltoid	RUG	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LA	Lt Deltoid	LUG	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentroGluteal	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31687676 Med Rec#: K000629604 Name: [REDACTED] Phys: Tran, Sharon M M.D. Age: 2Y 01M Sex: F Wgt: 25 lb 12.71 oz = 11.7 kg Marital Status: SIM BSA: 0.51 m2 Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: F.W5518-1 Adm Date: 11/03/15 Location: SMS Service: PED D.O.B.: 10/01/13 PAGE 5
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RUN DATE: 11/03/15
RUN TIME: 2342
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE '1'

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: K.E5518 Serv/Loen: PED Status: IN Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

11/03/15

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

MEDICATION ADMINISTRATION RECORD		WALKER, PH				
PERIOD: 11/03/15 to 11/04/15-0700		11/03/15-0631				
EX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700
***** ROUTINE MEDS *****						
K005360454	ALBUTEROL SOLUTION 0.083% 3 ML UD (None) (PROVENTIL U/D) ORD DR: Paul, Edward M.D. DOSE: (UNIT DOSE(S)): INH .Q6H SCH DOSE INSTR: 1/2 UNIT DOSE AS DIRECTED COMMENTS: (USE VIA INHALATION NEBULIZATION ONLY!)	11/03/15 0609		1200 Pm ET	1800 RT	2400 0600
K005360455	METHYLPREDNISOLONE 40 MG/ML 1MLVIAL (20 MG) (SOLU MEDROL) ORD DR: Paul, Edward M.D. DOSE: 20 MG- (0.5 1ML VIAL(S)) IVP Q6H SCH	11/03/15 0607		1200 0607	1800 0607	2400 0607

Solumedrol 12mg IV Q12


0000

gn/ww

***** I.V. *****	
K005360456	CEFTRIAXONE 1 GM VIAL (0.6 GM) (ROCEPHIN) IN: D5W 50 ML BAG (50 ML) (D5W) ORD DR: Paul, Edward M.D. RATE: 100 ML5/HR DUR: FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **
11/04/15 0100	

D5 1/2 NS @ 45ml/hr


1830
CP

LEGEND:							
RD	Rt Deltoid	RDQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh
LD	Lt Deltoid	LDQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDT	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VetroGluteal	LA	Lt Abd	LVG	Lt VetroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
Sharon Fitzgerald RN	SH	Amelia Watson RN	AW	Camille Pollack RN CP	CP	Sharon H. H.	SH
Amelia Watson RN	AW	Amelia Watson RN	AW	Jessica Watson RN	JW	Whitney Williams RN	WW
MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNG INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71128				Acct#: K1687676 Med Rec#: K000629604 Name: HENDERSON, L. Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: = Marital Status: SIN BSA:		Room/Bed: 1-1001-1 Adm Date: 11/03/15 Location: HOLDS-ER Service: PED D.O.B.: 10/01/13	
				Allergies: .. *** ALLERGY SOURCE DOCUMENT ..		PAGE 1	

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MEDICATION ADMINISTRATION RECORD		WALKER, PH				
PERIOD: 11/03/15 to 11/04/15-0700		11/03/15-0631				
EX #	MEDICATION	START	STOP	DAY 0701-1500	EVENING 1501-2300	NIGHT 2301-0700
***** IV'S *****						
K005360457	AZITHROMYCIN 500 MG VIAL (60 MG) (ZITHROMAX) IN: SODIUM CHLORIDE 0.9% 100 ML BAG (100 ML) (SODIUM CHLORIDE 0.9%) ORD DR: Paul, Edward M.D. RATE: 100 MLS/HR DUR: 1 FREQ: Q24H COMMENTS: ** PLEASE REFRIGERATE UNTIL READY TO USE **	0500 11/04/15				0500 0600 GH

LEGEND:							
ED	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	ELT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LED	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt VentroGluteal	LA	Lt Abd	LVG	Lt VentroGluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
				Jessica Watson	JN		
				Jessica Watson	JN		

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31697676 Med Rec#: K000629604 Name: HENDERSON, L Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: = Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K-ER01-1 Adm Date: 11/03/15 Location: HOLDS-ER Service: PED D.O.B.: 10/01/13
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1247

LEGEND:											
RD	Rt Deltoid	RDQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	RDT	Rt Dorsal Thigh	RA	Rt Abd	RVG	Rt VentrOGluteal
LD	Lt Deltoid	LDQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh	LA	Lt Abd	LVG	Lt VentrOGluteal
SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.	SIGNATURE		INIT.

<p> MEDICATION ADMIN XXXXXXXXXX RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOONS INDUSTRIAL LOOP SHERVEPORT, LOUISIANA 71118 </p> 	<p> Acct#: K31687676 Med Rec#: K000629604 Name: HENDERSON, XXXXXXXXXX L Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: - Marital Status: SIN SSA: </p>	<p> Room/Bed: K, ER01-1 Adm Date: 11/03/15 Location: HOLDS-ER Service: PED D.O.B.: 10/01/13 </p>
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<p> Allergies: .. see ALLERGY SOURCE DOCUMENT .. </p>	<p> PAGE 3 </p>
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MEDICATION ADMINISTRATION RECORD							
WALKER, PH							
PERIOD: 11/03/15 to 11/04/15-0700							
11/03/15-0631							
TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

Motrin 120mg po q6^h prn temp \geq 101

TIME	INDICATION/ COMPLAINT & SITE	DOSE ROUTE INIT	PAIN SCALE ASSESSMENT	RESPONSE / OUTCOME	PAIN SCALE REASSESSMENT	TIME	INIT

LEGEND:							
RD	Rt Deltoid	RUQ	Rt Upper Outer Quadrant	RLT	Rt Lateral Thigh	EDT	Rt Dorsal Thigh
LD	Lt Deltoid	LUQ	Lt Upper Outer Quadrant	LLT	Lt Lateral Thigh	LDL	Lt Dorsal Thigh
RA	Rt Abd	RVG	Rt Ventrogluteal	LA	Lt Abd	LVG	Lt Ventrogluteal
SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.

MEDICATION ADMINISTRATION RECORD (2946) WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LOUISIANA 71118 	Acct#: K31687676 Med Rec#: K000629604 Name: HENDERSON, [REDACTED] L Phys: Tran, Sharon N M.D. Age: 2Y 01M Sex: F Wgt: = Marital Status: SIN BSA: Allergies: .. see ALLERGY SOURCE DOCUMENT ..	Room/Bed: K.KR01-1 Adm Date: 11/03/15 Location: HOLDS-ER Service: PED D.O.B.: 10/01/13
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PAGE 4

RUN DATE: 11/02/15
RUN TIME: 2238
RUN USER: DAVISK3.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: Serv/Loch: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

NEOA

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NEOA

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/03/15
RUN TIME: 2146
RUN USER: ROBERSP.DP

Willis Knighton South **ADMISSIONS**
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] YAH L DOB: 10/01/13 Age: 2Y 01M
Rm/Bd: K.E5518 Serv/Loen: PED Status: IN Sex: F
Unit#: K000629604 Account#: K31687676 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Allergy1-Med/Contact:
NKDA

11/03/15 - 1358

Allergy2-Med/Contact:
NKDA

11/03/15 - 1358

Food Allergies-Intol:
NONE

11/03/15 - 1358

Latex Allergy (Y/N):
N

11/03/15 - 1358

Pharmacy Allergy List (Coded Allergies), historical data:

11/03/15

(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

NO KNOWN DRUG ALLERGIES, NO KNOWN FOOD ALLERGIES, NO KNOWN LATEX ALLERGY

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

RUN DATE: 11/05/15
 RUN TIME: 1644
 RUN USER: BROOKT.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 1

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L
 Account #: K31687676
 Admit Date: 11/03/15
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 01M F
 Unit #: K000629604
 Location: 5ES
 Room/Bed: K.ESS18-1

Pt's Chief Complaint: TROUBLE BREATHING
 *Functional Level Prior To Admit: Dependent
 Expected Therapy/Outcome: RELIEF OF SYMPTOMS

Brief Summary Of Hospital Stay: IV FLUIDS, ANTIBIOTICS, RESPIRATORY TREATMENTS

Discharge Diag./Complications: NONE

---DISCHARGE VITAL SIGNS---

Blood Pressure: Heart Rate: 130 Resp. Rate: 30
 Temp: 97.7 Type Of Temperature: Tympanic
 Heparin Lock Removed: YES Telemetry Removed: NOT APPLICABLE

---DISCHARGE FOLLOW UP---

Appt. With: Pt/Fam Make Appt In:
 Appt. With: Pt/Fam Make Appt In:
 Appt. With: Pt/Fam Make Appt In:
 Appt. With: Pt/Fam Make Appt In:
 Appt. With: HER PRIMARY CARE PHYSICIAN-CALL FOR APPT. Pt/Fam Make Appt In: NEXT WEEK
 Referral To: *PT:N *OT:N *CR:N Hospice: N*SS: N *HH:N *Diet Cnst:N *RT:N *ST:N

---DISCHARGE ACTIVITY---

Functional Level On Discharge: Dependent
 Resume Normal Activity: Y Restricted Activity For: NA
 Restricted Activity: Not Applicable DOC: NA
 Hygiene Restrictions: Not Applicable
 Diet Restrictions: REGULAR DIET FOR AGE

---TAKE HOME MEDICATIONS -----

NAME/DOSE	TIMES	SPECIAL INSTRUCTIONS
ORAPRED 15/5	GIVE 5 ML BY MOUTH 2 TIMES A DAY FOR 3 DAYS-NEXT DOSE 9 PM	
AZITHROMYCIN 100/5	GIVE 3 ML BY MOUTH EVERY DAY FOR 2 DAYS-NEXT DOSE	
	TOMORROW MORNING	
ALBUTEROL 2.5 MG/3 ML	GIVE 3 ML VIA NEBULIZER EVERY 4-6 HOURS AS NEEDED	
	FOR WHEEZING	
PEDIAPROPHEN (IBUPROPHEN) 120 MG	GIVE 6 ML BY MOUTH EVERY 6 HOURS AS	
	NEEDED FOR TEMPERATURE MORE THAN OR EQUAL TO 101 DEGREES	
TYLENOL 175 MG	GIVE 5.5 ML BY MOUTH EVERY 4 HOURS AS NEEDED FOR	
	TEMPERATURE MORE THAN OR EQUAL TO 100.4 DEGREES	

---TAKE HOME MEDICATIONS CONTINUED-----

NAME/DOSE	TIMES	SPECIAL INSTRUCTIONS

RUN DATE: 11/05/15
 RUN TIME: 1644
 RUN USER: BROOKT.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 2

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L.
 Account #: K31587676
 Admit Date: 11/03/15
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 01M F
 Unit #: K000629604
 Location: SES
 Room/Bed: K.E5518-1

Is Fall Risk Score 12 or higher (Adult) 3 or higher (Ped): Y

Verbalizes Understanding Of Discharge Instructions: Y

Return Demonstration Of Discharge Instructions: N

Valuables Returned From Business Office: Nevertaken to Bus. office

Records Sent With Patient: N Records: NONE

Discharged Per: Parent Arms

Discharged To: Parent/Guardian

Mode Of Transportation: Automobile

Accompanied By: PARENT

---DISCHARGE SKIN ASSESSMENT---

I verify that I have performed a complete skin assessment and documented all findings below.

Skin Temp/Character: Warm & Dry

Pressure Ulcer/Skin Impairment at Discharge: N If YES, list all location(s) and use the Skin Description lookup and/or Free Text for EACH.

If >10 locations, document remaining in a Patient Note.

LOCATION

SKIN DESCRIPTION

FREE TEXT DESCRIPTION OF SKIN FINDINGS (size, wound bed, drainage, odor, etc):
 :SKIN INTACT

RUN DATE: 11/05/15
 RUN TIME: 1644
 RUN USER: BROOKT.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 3

INTERDISC DISCHARGE - WKB/P/S

Patient: HENDERSON, AALIYAH L
 Account #: K31687676
 Admit Date: 11/03/15
 Status: ADM IN
 Attending: Tran, Sharon N M.D.

Age/Sex: 2Y 01M F
 Unit #: K000629604
 Location: 5ES
 Room/Bed: K.E551B-1

	1	2	3	4
SENS PERCEP	Completely Limited	Very Limited	Slightly Limited	No Impairment
MOISTURE	Constantly Moist	Very Moist	Occasionally Moist	Rarely Moist
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent
FRICT/SHEAR	Problem	Potential Problem	No Apparent Problem	

Sensory Perception: 4 - No Impairment
 Moisture: 3 - Occasionally Moist
 Activity: 4 - Walks Frequently
 Mobility: 4 - No Limitation
 Nutrition: 4 - Excellent
 Friction/Shear: 3 - No Apparent Problem

Total Braden Scale Score: 22

DISCHARGE MATERIALS AND INFORMATION GIVEN TO PT OR FAMILY

Discharge Material Given: DISCHARGE SUMMARY
 Discharge Material Given: 2 PRESCRIPTION PAPERS WITH 3 MEDICATIONS ON
 Discharge Material Given: THEM
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Discharge Material Given:
 Cardiopulmonary Home Care Instructions Provided: N Dialysis patient: N

Smoking can be hazardous to your health and those around you. ANYONE that smokes should stop for their health! Assistance to stop smoking is available by calling WK Quit (212-4450), the American Lung Association (800-LUNG-USA) or the American Cancer Society (800-QUIT-NOW).

****REMINDER TO PATIENT AND/OR FAMILY:** Discard any previous medication lists and update your new medication list with any medication providers and/or pharmacies you use.

Heplock removed: Yes

Is there an MD order to leave in place:

Foley Catheter removed: Not Applicable

Is there an MD order to leave in place:
 Was catheter inserted on this admit:

RUN DATE: 11/05/15
 RUN TIME: 1644
 RUN USER: BROOKT.NS

Willis-Knighton South Nursing **LIVE**
 PATIENT ASSESSMENT

PAGE 4

INTERDISC DISCHARGE - WKB/P/S

Patient: [REDACTED] L
 Account #: K31687676
 Admit Date: 11/03/15
 Status: ADM IN
 Attending: Tran, Sharon N.M.D.

Age/Sex: 2Y 01M F
 Unit #: K000629604
 Location: SES
 Room/Bed: K.25518-1

PICC line removed; Not Applicable Is there an MD order to leave in place: N
 Is Home Health set up to care for PICC Line at home:
 Was PICC flushed and dressing changed according to policy:
 Were PICC Line Home Care Instructions given to patient:

If any other devices were left in place, describe: NA

*** PHYSICAL MEDICINE DISCHARGE NOTE (when applic.) ***
 : NA

*** RESPIRATORY THERAPY DISCHARGE NOTE (when applic.) ***
 : NA

*** OTHER DISCIPLINE DISCHARGE NOTE (when applic.) ***
 Department: NA

If pt. delivered baby while in hospital, enter Blood types:

PATIENT BLOOD TYPE :

Baby 1 Type and RH:

Baby 2 Type and RH:

Patient Or Family Signature: 

Time Of Discharge: 1636

Nurse Signature: T. BROOKS, RN

Date of Birth: 10/01/13 (Automatically defaults; do not change)

Occurred Date: 11/05/15

Monogram: TLB Initials: BROOKT NS Name: BROOKS, TERRI L

Occurred Time: 1628

Nurse Type: RNC

Page 1 of 1



WILLIS-KNIGHTON HEALTH SYSTEM

PEDIATRIC SECURITY INFORMATION SHEET

Dear Parent,

Welcome to Willis-Knighton Health System. Your child's safety is a priority at Willis-Knighton. You can help ensure your child's safety by following these important steps:

1. A responsible adult should be with a child 12 years or younger at all times.
2. Become familiar with hospital personnel. Employees handling your child wear galaxy blue scrubs, lab coat/pediatric theme jacket and a hospital badge with their picture on it. Please take time to notice whether the photo on the badge and the staff member's face are the same. If they are not, notify the nurse's station immediately!
3. Pediatric patients must have an identification band on the wrist or foot at all times.
4. All Pediatric Nursing staff wear:
 - a. galaxy blue scrubs and lab jacket with pediatric theme
 - b. a WKHS ID badge with their picture on it.
5. **Never leave your child alone or unsupervised in your room.** Also, keep your door to your room closed at all times.
6. Feel free to question anyone who comes into your room. Alert the nurse's station immediately, even if the person is dressed in hospital clothing or seems to have a good reason for being there.
7. Never allow your child to leave their room with a staff member unless your nurse introduces that staff member to you. We want you to accompany your child to special procedures that are done off the unit. The nurse will inform you of what procedures that you will not be allowed to be in with your child. Example: You may accompany your child to the outside doors of surgery but will not be allowed in surgery.

Willis-Knighton Health System is dedicated to keeping your child safe and secure. If you have any questions or concerns about our Pediatric Security Policy, please contact your nurse.

SIGNATURE: X *E. E. Allen*

WITNESS: *Camandra Pollard RN*

DATE/TIME: *11/3/15 c 1345*





WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 11/02/15

Admission Time: 2227

AM3349_1
Page 1 of 2

AM0005

10/01/13 2Y F
Paul, Edward M.D.
K31687676 11/02/15

WILLIS-KNIGHTON HEALTH SYSTEM

ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

<u>[Signature]</u> Signature of Patient/Guardian	<u>11/2/15</u> Date/Time	<u>[Signature]</u> Guarantor	<u>11/2/15</u> Date/Time	<u>[Signature]</u> Witness	<u>11/2/15</u> Date/Time
<u>Jennifer Alexander</u> Print Name				<u>K. Davis</u> Print Name	<u>2227</u> Date/Time

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of
Authorized Party

Authorized Party's
Relationship to the Patient

Date/Time

Witness

Date/Time

Admission Date: 11/02/15
Admission Time: 2227
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
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AM0005



10/01/13 2Y F
Paul, Edward M.D.
K31687676 11/02/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K31582992

GUARANTOR: ALEXANDER,JENNIFER

NEXT OF KIN: ALEXANDER,JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Paul, Edward M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED]	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K31582992

DATE: 10/05/15

UNIT#: K000829604

ROOM:

TIME: 0221

F/C: MA

STATUS: REG ER

SERV/LOC: ERS

SS#:

PATIENT: [REDACTED] L

BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

AGE: 2Y

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER,JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

(318)631-7714

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: WHEEZING>1 YEAR

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: SAFFED2.A



K31582992

0449

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 2 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 10/05/2015 Time: 02:21
Bed 15

MRN: 1116206
Account#: K31582992
Private MD: LSU/Ochsner, KidMed
clinic

HPI:

10/05 This 2 years old Black Female presents to ED via Carried with complaints of Wheezing > 1 Year. et3
03:02
03:02 The patient presents to the emergency department with cough, that is intermittent, fever, that was measured at 102 degrees Fahrenheit, with an emergency department temperature of 99.3 degrees Fahrenheit, wheezing. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: cough, fever, wheezing. Pertinent negatives: congestion, diarrhea, earache, nasal discharge, seizure, shortness of breath, sore throat, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
 1. Albuterol PO daily, as needed for Respiratory Problems
- **PMHx:** Reactive Airway Disease
- **PSHx:** None

Historical:

02:41 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family The patient speaks appropriately for age, the patient is a minor. Code Status: Full code. cc1
03:02 History obtained from mother. The history from nurses notes was reviewed and confirmed. et3

ROS:

03:02 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Eyes:** Negative for injury, pain, swelling, redness, and discharge. **ENT:** Negative for ear pain, congestion, nasal discharge, sore throat, bleeding, injury, dysphagia **Neck:** Negative for injury, pain, stiffness, swelling **Cardiovascular:** Negative for edema **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, hematochezia, melena, anorexia, dysphagia, injury, distention, and constipation, **Back:** Negative for injury, deformity, decreased range of motion, and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for injury, pain, swelling, decreased range of motion **Skin:** Negative for injury, rash, swelling, lesions, and discoloration, **Neuro:** Negative for altered mental status, weakness, and seizure, **Psych:** negative for acute changes. **Constitutional:** Positive for coughing, Negative for chills, fever, obvious distress, acute pain, poor PO intake, shortness of breath, vomiting. **Respiratory:** Positive for cough, "sounds productive", wheezing. Negative for hemoptysis, orthopnea, pleurisy, shortness of breath,

Exam:

03:10 et3

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light. extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane moist and pink

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal

Physician Documentation Con't.

PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender with normal bowel sounds. Non-distended, no masses. No organomegaly. No guarding or rebound. No hernia noted

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no clubbing, cyanosis or edema. Neurovascular intact. Full range of motion without pain

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait and speech for age

Psych: Behavior, mood, response, and affect are appropriate for age.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, symmetrical, no use of accessory muscles, no grunting, no evidence of nasal flaring, no appreciated paradoxical movements, no prolonged exhalations, no pursed lip breathing, no retractions, no shallow respirations, no splinting, no tachypnea, Breath sounds: rales, are not appreciated, rhonchi, are not appreciated, crackles, are not appreciated, wheezing, that is mild, noted to be difficult to assess because pt was crying during exam, bronchial sounds, are not appreciated, decreased breath sounds, are not appreciated.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
02:36		189	14 Spontaneous	99.3(R)	97% on R/A	12.25 kg / 27 lbs 0 oz (M)	8/10	cc1
03:52			32					cph
03:52		160						cph

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cc1

MDM:

03:10

et3

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

03:11 Patient medically screened.

ep

04:42

ep

Differential diagnosis: acute asthma, URI.

Antibiotic administration: The patient is discharged and will get outpatient antibiotics. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Data reviewed: lab test result(s), radiologic studies, plain films, and as a result, I will discharge patient.

Data interpreted: Pulse oximetry: normal.

Order	Status	Time	By	For
CBC With Diff	Ordered	10/05/15 02:58	cph	ep

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K31582992

Print Time: 10/1/2019 12:58:35

Page 2 of 4

Physician Documentation Con't.

	Reviewed	10/05/15 04:08	Edward Paul	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward 10/05/15 04:08			
Interpretation: leukocytosis.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Ordering Location: ERNPC1.1				
Quantity 1: 1				
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	10/05/15 02:58	cph	ep
	Completed	10/05/15 03:25	Shirley Taylor	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward 10/05/15 04:08			
Order	Status	Time	By	For
Chest Xray Portable 1 View	Ordered	10/05/15 02:58	cph	ep
	Returned	10/05/15 13:46	Dispatcher MedHost	
Notes: Bed Name: 15	Order Method: Verbal - Read back			
	Sign off: Paul, Edward 10/05/15 04:08			
Interpretation: no acute cardiopulmonary disease.				
SPECIFIC TIME TO BE DONE: (OERDSPECTI): STAT				
ER EXAM ROOM/BED: (OERDERRMBD): 15				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Wheezing > 1 Year				
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	10/05/15 03:00	cph	ep
	Administered	10/05/15 03:10	cph	
Notes:	Order Method: Verbal - Read back			
	Sign off: Paul, Edward 10/05/15 04:08			
10/05/15 03:10	Administered: DuoNeb 1 unit dose Inhalation over 5 mins			cph
10/05/15 03:52	Follow Up: Response: No Adverse Reaction; Respiratory status improved; no wheezing at this time			cph
Order	Status	Time	By	For
Rocephin 650 mg IM once	Ordered	10/05/15 04:12	ep	ep
	Administered	10/05/15 04:58	cph	
Notes:	Order Method: Electronic			
10/05/15 04:58	Administered: Rocephin 650 mg IM in dose split, 1/2 each gluteus			cph
10/05/15 05:28	Follow Up: Response: No Adverse Reaction: Tolerated well			cph

Order Signatures:

Paul, Edward, MD

MD ep

Hanson, Chenoa, RN

RN cph

Disposition:

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K31582992

Print Time: 10/1/2019 12:58:35

Page 3 of 4

Physician Documentation Con't.

03:10 This chart was scribed by Turner, Elaina, Scribe. in the presence of Edward Paul MD.

et3

04:42 Electronically signed by: Edward Paul MD. Disposition. Chart complete.

ep

Disposition:

10/05/15 04:42 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Reactive Airway.

- Condition is Stable.
- Discharge Instructions: Reactive Airway Disease in Children. Upper Respiratory Infection (URI), Child.
- Prescriptions for
 - Cefzil 125 mg/5 mL Oral Suspension for Reconstitution
 - take 7.2 milliliter by ORAL route every 12 hours for 10 days; 150 milliliter.
 - Orapred 15mg/5ml Oral Solution
 - take 5.3 milliliter by ORAL route once daily for 5 days; 30 milliliter.
- Follow up: Private Physician; When: 2 days; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Taylor, Shirley

srt

Paul, Edward, MD

MD ep

Hanson, Chenoa, RN

RN cph

Colon, Cindy, RN

RN cc1

Turner, Elaina, Scribe

Scribe et3

Nurse's Notes

Name: Aaliyah
Age: 2 yrs Sex: Female DOB: 10-01-2013
Arrival Date: 10/05/2015 Time: 02:21

Willis Knighton South

MRN: 1116206
Account#: K31582992
Private MD: LSU/Ochsner, KidMed clinic

Bed 15

Presentation:

10/05 Method of Arrival: Carried. cc1
02:33 Preferred language for medical communication is English. Presenting complaint: Mother states: She started coughing yesterday afternoon and wheezing real bad this morning. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: None. cc1
02:36 Acuity: 3 - Urgent. cc1

Triage Assessment:

02:39 **General:** Appears well developed, well nourished, Behavior is crying, fussy, mobility; ambulates without assistance Reports fever for 1-2 days, feeling ill for 2-3 days. **Pain:** Complains of pain in right ear Pain does not radiate. level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 8 out of 10. Quality of pain is described as patient unable to describe Pain began gradually 2-3 days ago Is continuous Alleviated by nothing. Aggravated by nothing. Noted to be crying. Also complains of decreased appetite, sleeplessness. Current management - is no interventions. Goal of pain control is to be pain free, sleep comfortably. cc1

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
 1. Albuterol PO daily, as needed for Respiratory Problems
- **PMHx:** Reactive Airway Disease
- **PSHx:** None

Historical:

02:41 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family The patient speaks appropriately for age, the patient is a minor. Code Status: Full code. cc1
03:02 History obtained from mother. The history from et3 nurses notes was reviewed and confirmed.

Screening:

02:39 **Abuse screen:** cc1
Denies threats or abuse. there are no obvious signs of child abuse.
Patient fall risk assessment;
risks identified; is of toddler age, needs assistance with ambulation and standing, must have another person for one on one help, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:
None identified.

Assessment:

02:56 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 4 out of 10. Pain began 0200. **General:** Appears well developed, well nourished, well groomed, Behavior is crying, fussy. **Neuro:** Level of Consciousness is alert. awake. **EENT:** Nares with drainage noted bilaterally Oral mucosa is moist. **Cardiovascular:** Capillary refill < 3 seconds is brisk in bilateral fingers Heart tones S1 S2 present. **Respiratory:** Respiratory effort is even, labored, Respiratory pattern is symmetrical, tachypnea Breath sounds with wheezes upon exhalation, bilaterally. in right lower lobe, left lower lobe, left posterior upper lobe, right posterior upper lobe, left posterior lower lobe and right posterior lower lobe. **Gastrointestinal:** Reports diarrhea, vomiting. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is moist, Skin is normal, black, Skin temperature is warm. Age appropriate behavior- Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, fears pain. cph

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff

Nurse's Notes Con't

02:36		189	44 Spontaneous	99.3(R)	97% on R/A	12.25 kg / 27 lbs 0 oz (M)	8/10	cc1
03:52			32					cph
03:52		141						cph

Vitals:

02:36 Emergency Severity Index Calculation; meets ESI level 3 acuity, it is anticipated that multiple resources will be used to determine disposition. cc1

02:36 Acuity: 3 - Urgent. cc1

03:52 Body Mass Index = cph

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
02:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cc1

ED Course:

02:21 Patient arrived in ED. ms2

02:21 Patient moved to KIOSK. ms2

02:33 Allen, Scott is Private Physician. cc1

02:33 LSU, KidMed clinic is Private Physician. cc1

02:33 Triage completed. cc1

02:41 Patient placed in waiting room. Family accompanied patient Family updated on plan of care. cc1

02:42 Patient moved to Waiting. cc1

02:49 Patient moved to 15. cc1

02:53 Hanson, Chenoa, RN is Primary Nurse. cph

02:55 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent. cph

03:11 Paul, Edward, MD is Attending Physician. ep

03:11 Blood collected; (by phlebotomist). cph

03:16 Patient moved to Radiology. tmc

03:16 Patient moved to 15. tmc

03:16 Chest Xray Portable 1 View Sent. tmc

03:54 No apparent distress. playing. ER nurse to see patient. cph

04:52 Critical Med Co-Sign: Rocephin 650 mg IM. dosage verified by Steven Courtney, RN. sc7

05:28 No procedures done that require assistance. cph

08:53 pharmacy called to verify RX. Dr Haynes approved to change dose of Orapred from 5.3ml to 5.0ml, and Cefzil 7.2ml to 7.5ml, pharmacy will change. cjs

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
03:10	DuoNeb 1 unit dose		Inhalation		5 mins			cph
03:52	Follow up: Response: No Adverse Reaction; Respiratory status improved; no wheezing at this time							cph
04:58	Rocephin 650 mg		IM			dose		cph

Name: Aaliyah

MRN: 1116206
Account#: K31582992

Nurse's Notes Con't

						split, 1/2 each gluteus		
05:28	Follow up: Response: No Adverse Reaction; Tolerated well							cph

Outcome:

04:42 Discharge ordered by MD.

ep

05:29 Discharged to home, carried, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage. fever management, handwashing Demonstrated understanding of instructions, medications, Prescriptions given; 2. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconciliation form provided.**

cph

Med Effects: Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

05:29 Electronic medical record closed.

cph

Signatures:

Paul, Edward, MD

MD ep

Bryant, Crystal, RN

RN cjs

Hanson, Chenoa, RN

RN cph

Cook, Tara, RT

RT tmc

Scriptuser, MEDHOST

ms2

Courtney, STEVEN, RN

RN sc7

Colon, Cindy, RN

RN cc1

Turner, Elaina, Scribe

Scribe et3

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 12:59:53

MRN: 1116206
Account#: K31582992
Page 3 of 3

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L	ACCT #: K31582992	LOC: ERS	U #: K000629604
REG DR: Paul, Edward M.D.	AGE/SX: 2Y 00M/F	ROOM:	REG: 10/05/15
	STATUS: DEP ER	BED:	DIS:

HEMATOLOGY

Day	1	Reference	Units
Date	OCT 5		
Time	0310		
=> White Blood Cel	16.5 H	(5.0-12.0)	10 ⁹ /L
=> Red Blood Cell	5.38 H	(4.1-5.1)	10 ⁶ /uL
=> Hemoglobin	11.2	(11.0-14.0)	g/dL
=> Hematocrit	36.2	(33.0-42.0)	%
=> MCV	67.3 L	(74.0-89.0)	fL
=> MCH	20.9 L	(27.1-34.2)	pg
=> MCHC	31.0 L	(33.0-35.6)	g/dL
=> RDW	16.5 H	(12.0-14.5)	%
=> Platelet Count	(a)	(130-351)	10 ³ /uL
=> Mean Plt Volume	6.8	(6.6-10.2)	fL
=> Neutrophils	44.8	(Not Estab.)	%
=> Lymphocytes	38.4	(Not Estab.)	%
=> Monocytes	8.8	(3-10)	%
=> Eosinophils	6.9	(0.0-8.0)	%
=> Basophils	1.1	(0.0-3.0)	%
=> Neutrophils #	7.4	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	6.3	(Not Estab.)	10 ⁹ /L
=> Monocytes #	1.5	(Not Estab.)	10 ³ /uL
=> Eosinophils #	1.1	(Not Estab.)	10 ³ /uL
=> Basophils #	0.2	(Not Estab.)	10 ³ /uL
=> Hypochromic	2+ H	(NORMAL)	
=> Microcytosis	2+ H	(NORMAL)	
=> Ovalocytes	Few	(NONE SEEN)	
=> Plt Estimate	(b)	(NORMAL)	

NOTES: (a) Test not performed
 Unable to perform Platelet Count due to clumping of platelets. If a Platelet Count is desired, please recollect specimen in a BLUE TOP (Citrated) tube and resubmit specimen and request.

(b) Test not performed
 Unable to perform Platelet Count due to clumping of platelets. If a Platelet Count is desired, please recollect specimen in a BLUE TOP (Citrated) tube and resubmit specimen and request.

Patient: [REDACTED] L	Age/Sex: 2Y 00M/F	Acct#K31582992	Unit#K000629604
-----------------------	-------------------	----------------	-----------------

Patient Name: [REDACTED] L
Unit No: K000629604 SS#: 338-89-3614
Admitting Diagnosis:

EXAM# TYPE/EXAM RESULT
001094614 XR/CHEST XRAY PORTABLE 1 VIEW
MODE OF TRANSPORTATION : STR - STRETCHER
O2: N
REASON FOR EXAM: Wheezing > 1 Year
Baby ID#:
SPECIFIC TIME TO BE DONE: S

REASON FOR EXAM: Wheezing > 1 Year

DICTATION TIME: 0815

INTERPRETATIVE LOCATION: WKS

PORTABLE CHEST: Heart size and contour are normal for portable technique. The lungs are clear of infiltrate, mass lesion or effusion. No significant skeletal abnormality is noted.

IMPRESSION: Normal portable chest.

** REPORT ELECTRONICALLY SIGNED 10/06/2015 (0919) **
Reported By: C.S.COFFMAN,M.D.(ELEC.SIGN)WKS
Signed By: COFFMAN,CLIFF
10/06/2015 0919

CC:

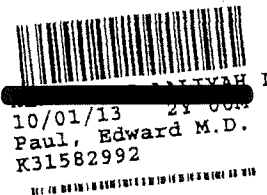
Transcribed Date/Time: 10/05/2015 (1247)
Transcriptionist: PEACOG.HM
Printed Date/Time: 10/03/2019 (1026)
Tech: TARA COOK,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Paul, Edward M.D.
DOB: 10/01/2013 Age: 4Y 4M Sex: F
Acct No: K31582992 Loc: UNK
Exam Date: 10/05/2015 Status: UNK
Radiology No:

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:** [REDACTED] L**Arrival Date:** 10/05/15 02:21**Care Complete Time:** 10/05/15 04:42

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Paul, Edward, MD**Diagnosis:** Upper Respiratory Infection (URI); Reactive Airway

DISCHARGE INSTRUCTIONS	FORMS
Reactive Airway Disease in Children Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 days; Reason: Recheck today's complaints	Cefzil Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aliyah Henderson
MRN # K000629604
ED Physician or Nurse**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.


Chart Copy

FOLLOW UP INSTRUCTIONS

Private Physician

When: 2 days

Reason: Recheck today's complaints


HENDERSON, AALIYAH L
10/01/13 2Y 00M
Paul, Edward M.D.
K31582992

10/05/15

PRESCRIPTIONS

Cefzil 125 mg/5 mL Oral Suspension for Reconstitution

Take 7.2 milliliter by ORAL route every 12 hours for 10 days; 150 milliliter

Orapred 15mg/5ml Oral Solution

Take 5.3 milliliter by ORAL route once daily for 5 days; 30 milliliter

TESTS AND PROCEDURES

Labs

CBC With Diff

Rad

Chest Xray Portable 1 View

Procedures

None

Other

Call X-Ray Tech



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/05/15

Admission Time: 0221

AM3349_1

Page 1 of 2



10/01/13 2Y F
Paul, Edward M.D.
K31582992 10/05/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Guarantor	Witness
Print Name	Print Name	Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
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Admission Date: 10/05/15
Admission Time: 0221
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 2Y F
Paul, Edward M.D.
K31582992 10/05/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K31532641

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821 RELATION: M

GUAR EMPLOYER:CHILD

ADDRESS:

PHONE:

ARRIVED FROM: C
ATTENDING PHYS: Paul, Edward M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED]	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K31532641
ROOM:
STATUS: REG ERDATE: 09/19/15
TIME: 1133
SERV/LOC: ERSUNIT#: K000629604
P/C: MA
SS#:PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISHBIRTHDATE: 10/01/13
AGE: 1Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLEEMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS FEVER
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: MONETT AM



K31532641

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 09/19/2015 Time: 11:33
Bed 8

MRN: 1116206
Account#: K31532641
Private MD: LSU/Ochsner, KidMed
clinic

HPI:

09/19 This 23 months old Black Female presents to ED via Unassigned with complaints of Cold Symptoms, kd2
12:29 Fever.
12:29 The patient presents to the emergency department with congestion, with nasal discharge, fever, with an kd2
emergency department temperature of 98.5 degrees Fahrenheit, vomiting, 1 times since the onset of
symptoms, pts mother reports pt pulling ears. Onset: The symptoms/episode began/occurred yesterday.
Associated signs and symptoms: Pertinent positives: congestion, fever, nasal discharge, vomiting, Pertinent
negatives: cough, diarrhea, seizure, shortness of breath. Treatment prior to arrival: pts mother reports giving
pt Tylenol.
12:34 Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by kd2
nothing. The patient has not experienced similar symptoms in the past. The patient has not recently seen a
physician.

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

11:41 Family history: Pertinent for; diabetes, hypertension. Immunization history: Childhood immunizations up to cjs
date. Social history: The patient lives with mother the patient is a minor.
12:34 History obtained from mother. The history from nurses notes was reviewed and confirmed. kd2

ROS:

12:34 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned kd2
below. **Eyes:** Negative for injury, pain, redness, and discharge, **Neck:** Negative for injury, pain, and
swelling, stiffness **Cardiovascular:** Negative for chest pain and edema **Respiratory:** Negative for shortness
of breath, cough, wheezing, and pleuritic chest pain. **Back:** Negative for injury and pain, no deformity **GU:**
Negative for injury, bleeding, discharge, and swelling, **MS/Extremity:** Negative for pain, injury and
deformity, **Skin:** Negative for injury, rash, and discoloration, **Neuro:** Negative for headache, weakness,
numbness, tingling, and seizure, **Psych:** Negative for delusions, awake and oriented. **Constitutional:**
Positive for fever, vomiting, Negative for coughing, obvious distress, poor PO intake, shortness of breath.
ENT: Positive for nasal discharge, pulling at ears, rhinorrhea, sinus congestion. Negative for nose bleed.
Abdomen/GI: Positive for vomiting, Negative for diarrhea. black/tarry stool.

Exam:

12:34 kd2
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema.
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full
range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No
abnormal lymphadenopathy noted by palpation in the neck or axilla
Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated.
No axillary lymphadenopathy
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
PMI, no JVD. No pulse deficits.
Abdomen/GI: Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding.
Bowel sounds present all quadrants. No hernia noted

Physician Documentation Con't.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neuro vascular intact. Full range of motion without pain

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age. No delusions

Female GU: No CVA tenderness, bladder non-distended, non-tender.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: erythema, that is mild, bilaterally. Nose: is normal, no abrasion, no abscess, no bleeding, no clotted blood, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no abscess, no drooling, no injury, no laceration, no lesion(s), no ulcerations, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions, no swelling.

Respiratory: the patient does not display signs of respiratory distress. Respirations: intercostal retractions, that is mild, Breath sounds: wheezing, that is mild, expiratory .

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:36		173	30	98.5	96%	12.7 kg / 28 lbs 0 oz	32 in. (81 cm)		cjs
11:54		168			96% on R/A			2/10	jmt
15:10		116	28	98(TE)	97% on R/A			0/10	jmt

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cjs

MDM:

12:34 Patient medically screened.

ah

12:34

kd2

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient, order radiologic study(s), order laboratory test(s).

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

13:52 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

ah

ED course: pt much improved after meds in ED. Will dc with meds and f/u.

Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	09/19/15 11:53	jmt	ep
	Returned	09/20/15 10:02	Dispatcher MedHost	
Notes: Bed Name: 8	Order Method: Verbal - Read back			
	Sign off: Haynes, Andrew 09/19/15 12:26			

Name: Aaliyah

MRN: 1116206

Account#: K31532641

Physician Documentation Con't.

Interpretation: no acute process.				
ER EXAM ROOM/BED: (OERDERRMBD): 8				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	09/19/15 11:53	jmt	ep
	Completed	09/19/15 12:17	Josefina Torres	
Notes:	Order Method: Verbal - Read back			
	Sign off: Haynes, Andrew 09/19/15 12:26			
Order	Status	Time	By	For
CBC With Diff	Ordered	09/19/15 11:53	jmt	ep
	Reviewed	09/19/15 12:58	Andrew Haynes	
Notes:	Order Method: Verbal - Read back			
	Sign off: Haynes, Andrew 09/19/15 12:26			
Interpretation: White Blood Cel 21.2.				
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Ordering Location: ERNPC1.1				
Quantity 1: 1				
Order	Status	Time	By	For
DuoNeb 1 unit dose Inhalation once	Ordered	09/19/15 12:35	ah	ah
	Administered	09/19/15 12:51	jmt	
Notes:	Order Method: Electronic			
09/19/15 12:51 Administered: DuoNeb 1 unit dose Inhalation over 5 mins			jmt	
09/19/15 14:01 Follow Up: Response: Respiratory status improved			jmt	
Order	Status	Time	By	For
Orapred 2 tsp PO once	Ordered	09/19/15 12:35	ah	ah
	Administered	09/19/15 12:43	jmt	
Notes:	Order Method: Electronic			
09/19/15 12:43 Administered: Orapred 2 tsp PO			jmt	
09/19/15 14:01 Follow Up: Response: No Adverse Reaction			jmt	
Order	Status	Time	By	For
Blood Culture, Bacteria	Ordered	09/19/15 12:35	ah	ah
	In Process Unspecified	09/19/15 12:35	Dispatcher MedHost	
Notes:	Order Method: Electronic			
COLLECTED BY NURSE? (Y/N) (OELBCBN): No				
Source (OEMICbld): Venipuncture				
Quantity or Number of Units: 1 unit				

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K31532641

Print Time 10/1/2019 13:01:18

Page 3 of 4

Physician Documentation Con't.

Order	Status	Time	By	For
Rocephin 500 mg IM once	Ordered	09/19/15 13:54	ah	ah
	Administered	09/19/15 14:19	jmt	
Notes:	Order Method: Electronic			
09/19/15 14:19	Administered: Rocephin 500 mg IM in left vastus lateralis			jmt
09/19/15 14:49	Follow Up: Response: No Adverse Reaction			jmt

Order Signatures:

Paul, Edward, MD MD ep Torres, Josefina, RN RN jmt
Haynes, Andrew, MD MD ah

Disposition:

12:34 This chart was scribed by Day, Kalea, Scribe. in the presence of Andrew Haynes MD. kd2
13:52 Electronically signed by: Andrew Haynes M.D. Disposition. ah

Disposition:

09/19/15 13:53 Discharged to Home/Self Care. Impression: Bronchitis Acute, Reactive Airway.

- Condition is Stable.
- Discharge Instructions: Bronchitis, Reactive Airway Disease in Children.
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter.
 - Albuterol Sulfate 2 mg/5 mL Oral Syrup
 - take 5 milliliter by ORAL route 3 times per day As needed; 150 milliliter.
 - Orapred 15 mg/5 mL Oral Solution
 - take 5 milliliter by ORAL route once daily for 5 days; 25 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 2 days; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms have improved.

Signatures:

Haynes, Andrew, MD MD ah Torres, Josefina, RN RN jmt
Bryant, Crystal, RN RN cjs Day, Kalea, Scribe Scribe kd2

Nurse's Notes

Name: Aaliyah
Age: 1 yrs Sex: Female DOB: 10/01 2013
Arrival Date: 09/19/2015 Time: 11:33

Willis Knighton South

MRN: 1116206
Account#: K31532641
Private MD: LSU/Ochsner, KidMed clinic

Bed 8

Presentation:

09/19 Preferred language for medical communication is English. Presenting complaint: Mother states: cold and congestion since yesterday. fever this morning, i gave her some tylenol. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: Medications: Tylenol, 0800.
11:39 Acuity: 4 - Semi-Urgent.
11:57 Acuity: 3 - Urgent.

Triage Assessment:

11:36 **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, pleasant, quiet, Reports fever for 0-12 hours. **Pain:** Denies pain.

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

11:41 Family history: Pertinent for; diabetes, hypertension. Immunization history: Childhood immunizations up to date. Social history: The patient lives with mother the patient is a minor.
12:34 History obtained from mother. The history from nurses notes was reviewed and confirmed.

Screening:

11:36 **Abuse screen:**
Denies threats or abuse.
Patient fall risk assessment;
risks identified; None.
Learning Barriers:
No barriers to teaching and learning identified. caregiver ready and willing to learn.
Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:
None identified.

Assessment:

11:48 **Pain:** Denies pain. **General:** Appears well developed, well nourished, Behavior is appropriate for age, mobility; ambulates without assistance Reports fever for. **Neuro:** Level of Consciousness is alert, awake, Oriented to person. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is dry, Skin is normal, Skin temperature is warm. Age appropriate behavior- Toddler (12 months to 4 yrs): non-autonomy -clings to parent, minimal language skills, fears pain, safety concerns.
11:51 **Respiratory:** Respiratory effort is. **Respiratory:** Respiratory: Respiratory effort is even, with retractions, Respiratory pattern is Airway is patent.
11:56 **General:** Appears in no apparent distress.
11:57 **Respiratory:** patient breathing fast with retraction, mother states she has temp of 103 this morning.
11:58 **Respiratory:** Respiratory effort is mild wheezing and respiratory distress noted.
13:20 **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical.
13:29 **General:** Appears uncomfortable.
15:03 **Neuro:** Level of Consciousness is alert, awake, Oriented to person. **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical. Airway is patent. **Genitourinary:** wears diapers.
15:11 **Pain:** level that is acceptable is 0 out of 10 on a pain scale.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:36		173	30	98.5	96%	12.7 kg / 28 lbs 0 oz	32 in. (81 cm)		cjs

Nurse's Notes Con't

11:54		168			96% on R/A			2/10	jmt
15:10		116	28	98(TE)	97% on R/A			0/10	jmt

Vitals:

11:36 Acuity: 4 - Semi-Urgent. cjs
 11:48 Body Mass Index = 19.36. jmt
 11:57 Acuity: 3 - Urgent. jmt

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:36	spontaneous(4)	oriented(5)	obeys commands(6)		15	cjs

ED Course:

11:33 Patient arrived in ED. ms2
 11:33 Patient moved to KIOSK. ms2
 11:36 LSU, KidMed clinic is Private Physician. cjs
 11:41 Patient moved to Waiting. cjs
 11:42 Patient moved to 8. jmt
 11:43 Torres, Josefina, RN is Primary Nurse. jmt
 11:51 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Placed in gown. Bed in low position. jmt
 Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Child being held by parent.
 11:52 Awaiting ED physician evaluation. jmt
 11:58 Blood collected; (by phlebotomist). jmt
 12:03 Haynes, Andrew, MD is Attending Physician. ah
 12:49 Patient moved to Radiology. drmm
 12:49 Patient moved to 8. drmm
 12:49 Chest 2 View *routine* Sent. drmm
 13:53 LSU, KidMed clinic is Referral Physician. ah
 14:20 Special Handling: Hold Discharge. jmt
 15:11 No procedures done that require assistance. jmt

Administered Medications:

Time	Drug & Dose <i>Dispensable & Therapeutic</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12:43	Orapred 2 tsp		PO					jmt
14:01	Follow up: Response: No Adverse Reaction							jmt
12:51	DuoNeb 1 unit dose		Inhalation		5 mins			jmt
14:01	Follow up: Response: Respiratory status improved							jmt
14:19	Rocephin 500 mg		IM			left vastus lateralis		jmt
14:49	Follow up: Response: No Adverse Reaction							jmt

Name: Aaliyah [REDACTED]

MRN: 1116206
 Account#: K31532641
 Page 2 of 3

Nurse's Notes Con't

Outcome:

13:53 Discharge ordered by MD. ah

15:10 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans, medication usage, fever management, Demonstrated understanding of instructions, medications. Prescriptions given; 3. No questions or concerns expressed to me at discharge. **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable. jmt

15:11 Electronic medical record closed. jmt

Signatures:

Haynes, Andrew, MD	MD	ah	Torres, Josefina, RN	RN	jmt
Martinez, Dianna, RT	RT	drm	Bryant, Crystal, RN	RN	cjs
Scriptuser, MEDHOST		ms2	Day, Kalea, Scribe	Scribe	kd2

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: [REDACTED] L ACCT #: K31532641 LOC: ERS U #: K000629604
AGE/SX: 1Y 11M/F ROOM: REG: 09/19/15
REG DR: Haynes, Andrew T M.D. STATUS: DEP ER BED: DIS:

HEMATOLOGY

Day	1	Reference	Units
Date	SEP 19		
Time	1213		
=> White Blood Cel	21.2 H	(6.0-11.0)	10 ⁹ /L
=> Red Blood Cell	5.40	(3.7-6.0)	10 ⁶ /uL
=> Hemoglobin	11.0	(10.5-13.5)	g/dL
=> Hematocrit	36.5	(33.0-40.0)	%
=> MCV	67.5 L	(74.0-89.0)	fL
=> MCH	20.3 L	(27.1-34.2)	pg
=> MCHC	30.0 L	(33.0-35.6)	g/dL
=> RDW	16.3	(Not Estab.)	%
=> Platelet Count	272	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.0	(6.6-10.2)	fL
=> Neutrophils	69.4	(Not Estab.)	%
=> Lymphocytes	17.9	(Not Estab.)	%
=> Monocytes	8.1	(3-10)	%
=> Eosinophils	4.0	(0.0-8.0)	%
=> Basophils	0.6	(0.0-3.0)	%
=> Neutrophils #	14.7	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	3.8	(Not Estab.)	10 ⁹ /L
=> Monocytes #	1.7	(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.9	(Not Estab.)	10 ³ /uL
=> Basophils #	0.1	(Not Estab.)	10 ³ /uL
=> Hypochromic	1+	(NORMAL)	
=> Microcytosis	2+ H	(NORMAL)	
=> Ovalocytes	Few	(NONE SEEN)	
=> Plt Estimate	(a)	(NORMAL)	

Source: Blood

> Culture, Blood Final 09/25/15
NO GROWTH AT 5 DAYS

NOTES: (a) NORMAL

Patient: [REDACTED] L Age/Sex: 1Y 11M/F Acct#K31532641 Unit#K000629604

Patient Name: [REDACTED] L
Unit No: K000629604 SS#: 338-89-3614
Admitting Diagnosis:

EXAM# TYPE/EXAM RESULT
001092008 XR/CHEST 2 VIEW *ROUTINE*
MODE OF TRANSPORTATION : STR - STRETCHER
O2: N
REASON FOR EXAM: Cold Symptoms
Baby ID#:

REASON FOR EXAM: Cold Symptoms

TWO VIEW CHEST

Dictated Time: 1305

Interpretive Location: WKMC

Heart size normal. No infiltrates or effusions. Tracheal air shadow midline.

IMPRESSION:

Chest appears negative for an acute cardiopulmonary process.

** REPORT ELECTRONICALLY SIGNED 09/22/2015 (0146) **
Reported By: D.MAJESTE,M.D.(ELEC.SIGN)WKS
Signed By: MAJESTE,DONALD
09/22/2015 0146

CC:

Transcribed Date/Time: 09/20/2015 (1002)
Transcriptionist: CREEDB.RD
Printed Date/Time: 10/03/2019 (1028)
Tech: DIANNA MARTINEZ,KATIE N STILES,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Paul, Edward M.D.
DOB: 10/01/2013 Age: 4Y 4M Sex: F
Acct No: K31532641 Loc: UNK
Exam Date: 09/19/2015 Status: UNK
Radiology No:

RUN DATE: 09/19/15
RUN TIME: 1142
RUN USER: MONETT.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE .

Name: [REDACTED] L DOB: 10/01/13 Age: 1Y 11M
Rm/Bd: Serv/Lochn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K31532641 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

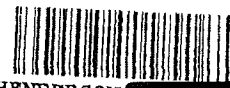
Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



[REDACTED] L
10/01/13 1Y 11M
Paul, Edward M.D.
K31532641

09/19/15

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500HENDERSON [REDACTED] L
10/01/13 1Y 11M
Paul, Edward M.D.
K31532641

09/19/15

Discharge Instructions for: [REDACTED] L

Arrival Date:

09/19/15 11:33

Care Complete Time:

09/19/15 13:53

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Haynes, Andrew, MD

Diagnosis: Bronchitis Acute; Reactive Airway

DISCHARGE INSTRUCTIONS	FORMS
Bronchitis Reactive Airway Disease in Children	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
LSU, KidMed clinic (LSU Clinic) When: 2 days; Reason: Recheck today's complaints	Amoxicillin Albuterol Sulfate Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah [REDACTED]
MRN # K000629604

ED Physician or Nurse

J. TORRES A.

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

28 116 97 %

FOLLOW UP INSTRUCTIONS

LSU, KidMed clinic (LSU Clinic)

318-675-8607

When: 2 days

Reason: Recheck today's complaints



PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

Take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter

Albuterol Sulfate 2 mg/5 mL Oral Syrup

Take 5 milliliter by ORAL route 3 times per day As needed; 150 milliliter

Orapred 15 mg/5 mL Oral Solution

Take 5 milliliter by ORAL route once daily for 5 days; 25 milliliter

10/01/13 1Y 11M L
Paul, Edward M.D.
K31532641 09/19/15

TESTS AND PROCEDURES

Labs

Blood Culture, Bacteria, CBC With Diff

Rad

Chest 2 View *routine*

Procedures

None

Other

Call X-Ray Tech



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 09/19/15

Admission Time: 1133

AM3349_1

Page 1 of 2



AM0005



10/01/13 1Y F
Paul, Edward M.D.
K31532641 09/19/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 Signature of Patient/Guardian	Date/Time 9/19/15	 Guarantor	Date/Time 9/19/15	 Witness	Date/Time 9/19/15
 Print Name Jennifer Alexander		 Print Name Edward M.D.		 Print Name 11/18/15	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
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Admission Date: 09/19/15
 Admission Time: 1133
 AM3349_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM0005



10/01/13 1Y F
 Paul, Edward M.D.
 K31532641 09/19/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K31302987

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821 RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Haynes, Andrew T M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS: LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:			
TERTIARY INS:			
FOURTH INS:			

ACCT NO: K31302987
ROOM:
STATUS: REG ER

DATE: 07/14/15
TIME: 1040
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#:

PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADDO PARISH

BIRTHDATE: 10/01/13
AGE: 1Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714

PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: FEVER
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: MONETT.AM



K31302987

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 07/14/2015 Time: 10:40
Bed 9

MRN: 1116206
Account#: K31302987
Private MD: LSU-Ochsner, KidMed
clinic

HPI:

07/14 This 21 months old Black Female presents to ED via Carried with complaints of Fever. ac5
11:53
11:53 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is mild, cough, described as mild, fever, that is subjective, with an emergency department temperature of 101.3 degrees Fahrenheit, rhinorrhea. Onset: The symptoms/episode began/occurred 2 day(s) ago. ac5
Associated signs and symptoms: Pertinent positives: congestion, cough, fever, nasal discharge, Pertinent negatives: constipation, diarrhea, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

11:07 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. mg3
11:53 History obtained from mother. The history from nurses notes was reviewed and confirmed. ac5

ROS:

11:53 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Eyes:** Negative for injury, pain, swelling, redness, discharge, vision changes, vision loss **Neck:** Negative for injury, pain, swelling, stiffness **Cardiovascular:** Negative for chest pain, palpitations, edema **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, constipation, hematochezia, hematemesis, melena, anorexia, dysphagia, injury, distension **Back:** Negative for injury, pain, deformity, decreased ROM **GU:** Negative for injury, pain, bleeding, discharge, swelling, incontinence **MS/Extremity:** negative for injury, [ain, swelling, decreased ROM **Skin:** Negative for injury, swelling, discoloration, rash, lesions **Neuro:** Negative for altered mental status, headache, weakness, numbness, tingling, seizure **Psych:** Negative for anxiety, depression, auditory hallucinations, visual hallucinations, delusions, suicidal ideation, homicidal ideation. **Constitutional:** Positive for coughing, fever, fussiness, Negative for obvious distress, poor PO intake, shortness of breath, vomiting. **ENT:** Positive for nasal discharge, rhinorrhea, sinus congestion, Negative for difficulty handling secretions, difficulty swallowing, nose bleed, pulling at ears. **Respiratory:** Positive for cough, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, wheezing. ac5

Exam:

11:53 ac5
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Normal sclera, no evidence of conjunctivitis.
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without pain. No nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla
Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.
Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales,

Physician Documentation Con't.

rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, nontender, nondistended. no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal range of motion without pain.

Skin: Warm and dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI. Full range of motion without pain.

Neuro: Awake or easily awakened, alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable.

Psych: Behavior and affect are normal for age. No delusions.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, uncomfortable, febrile.

ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement, Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: bulging, is not appreciated, decreased mobility, is not appreciated, dullness, is not appreciated, erythema, that is mild, bilaterally, fluid levels, is not appreciated, hemotympanum, is not appreciated, loss of bony landmarks, is not appreciated, rupture, is not appreciated,

Nose: External nose: no obvious acute abnormality, Nasal septum: is midline, no septal hematoma appreciated, Nasal mucosa: normal, Turbinates: are normal, abrasion, is not appreciated, bleeding, is not appreciated, clotted blood, is not appreciated, nasal drainage, that is minimal, and is seen coming from both nares, crusted exudate that is clear, a foreign body, is not appreciated, laceration, is not appreciated, cerebral spinal fluid rhinorrhea, is not appreciated, Mouth: is normal, no gum abnormalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions, no swelling.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:48			28	101.4(R)	100% on R/A	11.42 kg / 25 lbs 3 oz	28 in. (71 cm)	0/10	jcm
12:10				99.4(R)					mg3

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:42	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

MDM:

11:47 Patient medically screened.

ah

11:53

ac5

Data reviewed: vital signs, nurses notes.

12:01 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

ah

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Order	Status	Time	By	For
Tylenol 1 dose PO once; Per Pedi Fever Standing Orders	Ordered	07/14/15 10:53	jcm	ah
	Administered	07/14/15 10:57	jcm	
Notes:		Order Method: Verbal - Read back		

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K31302987
Page 2 of 3

Physician Documentation Con't.

		Sign off: Haynes, Andrew 07/14/15 12:03
07/14/15 10:57	Administered: Tylenol 1 dose PO	jcm
07/14/15 12:10	Follow Up: Temp 99.4 Rectal	mg3

Order Signatures:

Haynes, Andrew, MD MD ah Mathews, Janet, RN RN jcm

Disposition:

11:53 This chart was scribed by Canizares, Andrea. in the presence of Andrew Haynes MD. ac5
12:01 Electronically signed by: Andrew Haynes M.D. Disposition. ah

Disposition:

07/14/15 12:03 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Otitis Media.

- Condition is Stable.
- Discharge Instructions: Ear - Middle, Infection (Otitis Media), Child. Fever, Child (with Dosage Charts), Upper Respiratory Infection (URI). Child.
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter.
 - Benadryl 12.5 mg/5 mL Oral Elixir
 - take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter.
- Follow up: KidMed clinic LSU/Ochsner; When: 3 days.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Haynes, Andrew, MD MD ah Mathews, Janet, RN RN jcm
Griggs, Melissa, RN RN mg3 Canizares, Andrea ac5

Nurse's Notes

Name: Aaliyah
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 07/14/2015 Time: 10:40

Willis Knighton South

MRN: 1116206
Account#: K31302987
Private MD: LSU/Ochsner, KidMed clinic

Bed 9

Presentation:

07/14 Method of Arrival: Carried. jcm
10:42 Preferred language for medical communication is English. Presenting complaint: Mother states: She has a fever, cough, runny nose and digging in her ears since Sunday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. jcm
10:48 Acuity: 4 - Semi-Urgent. jcm

Triage Assessment:

10:42 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age. quiet, mobility; ambulates without assistance Reports fever for 2-3 days. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. jcm

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** None
- **PSHx:** None

Historical:

11:07 Family history: No immediate family members mg3 are acutely ill. Immunization history: Childhood immunizations up to date.
11:53 History obtained from mother. The history ac5 from nurses notes was reviewed and confirmed.

Screening:

10:42 **Abuse screen:** jcm
there are no obvious signs of child abuse.
Patient fall risk assessment;
risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
None Identified.
Exposure risk/Travel Screening:
None identified.

Assessment:

11:08 **Pain:** Complains of pain in right ear Pain does not radiate. level that is acceptable is 2 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 3 out of 10. Pain began one week ago Is continuous Alleviated by nothing. Aggravated by nothing. Also complains of decreased appetite, Current management - is no interventions. Goal of pain control is to be pain free, sleep comfortably. **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is appropriate for age, mobility; ambulates without assistance Reports chills for fever for feeling ill for fatigue for. **General:** Behavior is fussy. **Neuro:** Level of Consciousness is alert, awake. Moves all extremities. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge pulling on right ear. **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Airway is patent Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is. **Gastrointestinal:** Parent/caregiver reports the patient having decreased appetite. **Genitourinary:** Parent/caregiver reports the patient having normal urinary habits. **Dermatologic:** Skin is intact, is healthy with good turgor, Skin is pink, warm & dry, normal. **Musculoskeletal:** No deficits noted. **Injury Description:** denies injury. Age appropriate behavior- Toddler (12 months to 4 yrs): fears pain, safety concerns. **Nursing diagnosis:** Alteration in body temperature: actual related to fever. mg3

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:48		147	28	101.1 F	100% on R/A	11.42 kg / 25 lbs 3 oz	28 in. (71 cm)	0/10	jcm

Nurse's Notes Con't

12:10			99.4(R)				mg3
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Vitals:

10:48 Acuity: 4 - Semi-Urgent. jcm
 12:11 Body Mass Index = 22.65. mg3

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:42	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

ED Course:

10:40 Patient arrived in ED. ms2
 10:40 Patient moved to KIOSK. ms2
 10:42 LSU, KidMed clinic is Private Physician. jcm
 10:57 Triage completed. jcm
 10:57 Patient moved to Waiting. jcm
 10:58 Griggs, Melissa, RN is Primary Nurse. mg3
 10:58 Patient moved to 9. mg3
 11:08 Haynes, Andrew, MD is Attending Physician. ah
 11:11 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up. verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. mg3
 12:02 LSU, KidMed clinic is Referral Physician. ah
 12:10 No procedures done that require assistance. mg3

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
10:57	Tylenol 1 dose		PO					jcm
12:10	Follow up: Temp 99.4 Rectal							mg3

Outcome:

12:03 Discharge ordered by MD. ah
 12:10 Discharged to home, carried, with family. Discharge instructions given to Mother Grandmother Instructed on mg3
 discharge instructions, follow up and referral plans, medication usage, Diet, fever management, Demonstrated understanding of instructions. medications. Prescriptions given; 2, No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconciliation form provided. Med Effects:** Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.
 12:11 Electronic medical record closed. mg3

Signatures:

Haynes, Andrew, MD MD ah Mathews, Janet, RN RN jcm
 Scriptuser, MEDHOST ms2 Griggs, Melissa, RN RN mg3
 Canizares, Andrea ac5

Name: Aaliyah [REDACTED]

MRN: 1116206
 Account#: K31302987
 Page 2 of 3

Nurse's Notes Con't

Name: Aaliyah [REDACTED]

Print Time: 10/1/2019 13:05:21

MRN: 1116206
Account#: K31302987
Page 3 of 3

RUN DATE: 07/14/15
RUN TIME: 1058
RUN USER: MONETT.AM

Willis Knighton Path *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 1Y 09M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K31302987 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)



[REDACTED] L
10/01/13 1Y 09M
Haynes, Andrew T M.
K31302987 07/14/15

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

Willis Knighton South and Center for Women's Health

Willis Knighton South

2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for:

Arrival Date:

07/14/15 10:40

Care Complete Time:

07/14/15 12:03

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Haynes, Andrew, MD

Diagnosis: Upper Respiratory Infection (URI); Otitis Media

DISCHARGE INSTRUCTIONS	FORMS
Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
LSU, KidMed clinic (LSU Clinic) When: 3 days	Amoxicillin Benadryl
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah
MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

HENDERSON, AALIYAH L
10/01/13 1Y 09M
Haynes, Andrew T M.
K31302987 07/14/15

FOLLOW UP INSTRUCTIONS

LSU, KidMed clinic (LSU Clinic)
318-675-8607
When: 3 days

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
Take 5 milliliter by ORAL route every 12 hours for 10 days; 100 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir
Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter


TESTS AND PROCEDURES

Labs
None

Rad
None

Procedures
None

Other
None


HENDERSON, [REDACTED] L
10/01/13 1Y 09M
Haynes, Andrew T M.
K31302987
07/14/15



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party payor or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 07/14/15

Admission Time: 1040

AM3349_1

Page 1 of 2



AM0005



10/01/13 1Y F
Haynes, Andrew T M.D.
K31302987 07/14/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Signature of Guarantor	Signature of Witness
Print Name	Print Name	Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 07/14/15
Admission Time: 1040
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 1Y F
Haynes, Andrew T M.D.
K31302987 07/14/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K30878219

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Brandhurst, Roy E M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: Springer, Margaret Ann M.D.

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K30878219
ROOM:
STATUS: REG ER

DATE: 03/11/15
TIME: 1957
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#:

PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISH

BIRTHDATE: 10/01/13
AGE: 1Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714

PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: ALVARM.AM



K30878219

✓ # 2246

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 03/11/2015 Time: 19:57
Bed: HB4

MRN: 1116206
Account#: K30878219
Private MD: Springer, Margaret, Ann

HPI:

03/11 This 17 months old Black Female presents to ED via Carried with complaints of Cold Symptoms. rb
22:43
22:43 This 17 months old Black Female presents to ED via Carried with complaints of Cold Symptoms. rb
22:43 The patient presents to the emergency department with congestion, with nasal discharge, that is clear, that is moderate, cough, that is intermittent, described as moderate, with no sputum, earache, of both ears, that is moderate, fever, that is subjective, with an emergency department temperature of 99.5 degrees Fahrenheit, rhinorrhea. Onset: The symptoms/episode began/occurred acutely, yesterday. Associated signs and symptoms: Pertinent positives: congestion, cough, earache, fever, nasal discharge, Pertinent negatives: abdominal pain, body aches, constipation, diarrhea, dysuria, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by coughing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. rb

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** premature at 27 weeks; NICU x 3 months
- **PSHx:** None

Historical:

22:23 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations cph up to date.
22:43 The history from nurses notes was reviewed and confirmed. Family history: Father has/had no known health problems. Mother has/had hypertension. Social history: The patient lives with family the patient is a minor. rb

ROS:

22:43 **Eyes:** Negative for injury, pain, redness, and discharge. **Neck:** Negative for injury, pain, and swelling, rb
Cardiovascular: Negative for Chest pain, palitations, and edema. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. **Back:** Negative for injury and pain, **GU:** negative for foul smelling urine, painful urination or blood in urine. **MS/Extremity:** Negative for injury and deformity, or swelling. **Skin:** Negative for injury, rash, and discoloration, petechia or purpura. **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure. **Constitutional:** Positive for coughing, fever, Negative for body aches, chills, crying, fatigue, fussiness, acute pain. **ENT:** Positive for pulling at ears, rhinorrhea, sinus congestion, Negative for sore throat. **Respiratory:** Positive for cough, Negative for hemoptysis, shortness of breath, sputum production, wheezing.

Exam:

22:44 rb
Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress. Vitals of heart rate, respiratory rate, temperature, blood pressure and pulse ox reviewed.
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.
Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Physician Documentation Con't.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.

Neuro: Normal orientation, no altered LOC, no weakness, muscle strength 5/5 throughout, sensation intact, no signs of meningitis.

Psych: Behavior, mood, response, and affect are appropriate for age.

Female GU: No CVA tenderness or bladder tenderness or distension.

ENT: External ear(s): are unremarkable, Ear canal(s): are normal, TM's: erythema, that is moderate, bilaterally, Nose: is normal, Mouth: is normal, no gum abnormalities, no lip abnormalities, no mucosal abnormalities, no tongue abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass, no pooling of secretions, no swelling, Voice: is normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:13			32	99.5(R)	98% on R/A	10.89 kg / 24 lbs 0 oz (M)	0/10	sd4
22:56		122	3					cph

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:13	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

MDM:

22:42 Patient medically screened.

rb

22:44

rb

Differential diagnosis: bacterial infection, bronchitis, fever, pneumonia URI, viral Infection.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient, Give prescription at discharge.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Disposition:

22:44 Electronically signed by: R. Brandhurst M.D. Disposition

rb

Disposition:

03/11/15 22:46 Discharged to Home/Self Care. Impression: Otitis Media, Upper Respiratory Infection (URI).

- Condition is Stable.
- Discharge Instructions: Bronchitis, Ear - Middle, Infection (Otitis Media), Child, Upper Respiratory Infection (URI), Child.
- Prescriptions for
 - Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution
 - take 6 milliliter by ORAL route every 12 hours for 10 days: 120 milliliter.
 - Benadryl 12.5 mg/5 mL Oral Elixir
 - take 5 milliliter by ORAL route every 6 hours (10 kg): 100 milliliter.
- Follow up: Margaret Springer: When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse.
- Problem is new.

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30878219
Page 2 of 3

Physician Documentation Con't.

- Symptoms are unchanged.

Signatures:

Brandhurst, Roy, MD

MD rb

Hanson, Chenoa, RN

RN cph

David, Syndee, RN

RN sd4

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30878219
Page 3 of 3

Print Time: 10/1/2019 13:06:10

Nurse's Notes

Name: Aaliyah
Age: 1 yrs Sex: Female DOB: 10-01-2013
Arrival Date: 03/11/2015 Time: 19:57

Willis Knighton South

MRN: 1116206
Account#: K30878219
Private MD: Springer, Margaret, Ann

Bed HB4

Presentation:

03/11 Method of Arrival: Carried. sd4
20:13 Preferred language for medical communication is English. Presenting complaint: Mother states: fever and cough since yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. sd4
20:14 Acuity: 4 - Semi-Urgent. sd4

Triage Assessment:

20:13 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is appropriate for age. sd4
Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces. Legs, Activity, Cry. Consolability scale score is 0 out of 10.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** premature at 27 weeks; NICU x 3 months
- **PSHx:** None

Historical:

22:23 Family history: No immediate family members cph
are acutely ill. Immunization history:
Childhood immunizations up to date.
22:43 The history from nurses notes was reviewed rb
and confirmed. Family history: Father has/had
no known health problems. Mother has/had
hypertension. Social history: The patient lives
with family the patient is a minor.

Screening:

20:13 **Abuse screen:** sd4
Denies threats or abuse.
Patient fall risk assessment;
risks identified; is of toddler age, Intervention
for positive screen: parent/caregiver holding
child, teaching provided regarding fall risk,
with verbalized understanding.
Learning Barriers:
age barrier identified, caregiver ready and
willing to learn.
Exposure risk/Travel Screening:
None identified. Has not been out of the
country.
22:56 **Pedi Fall Risk** cph
None Identified.

Assessment:

22:29 **Pain:** Denies pain. currently is 0 out of 10 on a pain scale. level that is acceptable is 0 out of 10 on a pain cph
scale. **General:** Appears well developed, well nourished, well groomed, Behavior is cooperative, appropriate
for age, pleasant, mobility; ambulates without assistance. **Neuro:** Level of Consciousness is alert, Oriented
to person, place. **EENT:** Nares with drainage noted bilaterally Oral mucosa is moist. **Cardiovascular:**
Capillary refill < 3 seconds is brisk in bilateral fingers Heart tones S1 S2 present. **Respiratory:** Respiratory
effort is even, unlabored, relaxed, Respiratory pattern is regular, symmetrical, Airway is patent Breath
sounds with wheezes upon exhalation, in right lower lobe very faint wheezing noted. **GI:** Parent/caregiver
reports the patient having normal bowel habits. **Derm:** Skin is intact, is healthy with good turgor, Skin is
moist, Skin is normal, black. **Injury Description:** denies injury.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:13		132	32	99.5(R)	98% on R/A	10.89 kg / 24 lbs 0 oz (M)	0/10	sd4
22:56		122						cph

Vitals:

20:13 Acuity: 4 - Semi-Urgent. sd4
22:56 Body Mass Index = cph

Nurse's Notes Con't

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
20:13	spontaneous(4)	oriented(5)	obeys commands(6)		15	sd4

ED Course:

19:57 Patient arrived in ED.	ms2
19:57 Patient moved to KIOSK.	ms2
20:13 Springer, Margaret Ann, MD is Private Physician.	sd4
20:17 Triage completed.	sd4
20:17 Patient moved to Waiting.	sd4
22:10 Patient moved to .HB4.	cph
22:11 Brandhurst, Roy, MD is Attending Physician.	rb
22:29 Patient/caregiver encouraged to voice any concerns. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient.	cph
22:45 Springer, Margaret Ann, MD is Referral Physician.	rb
22:56 Hanson. Chenoa, RN is Primary Nurse.	cph
22:56 No procedures done that require assistance.	cph

Administered Medications:

No medications were administered

Outcome:

22:46 Discharge ordered by MD.	rb
22:56 Discharged to home, carried, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage, fever management, handwashing Demonstrated understanding of instructions, medications, Prescriptions given; 2. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. Medication reconcilliation form provided. Med Effects: Effects of administered medications were addressed. Oxygen use: Oxygen use not applicable.	cph
22:57 Electronic medical record closed.	cph

Signatures:

Brandhurst, Roy, MD	MD	rb	Hanson. Chenoa, RN	RN	cph
Scriptuser, MEDHOST		ms2	David. Syndee, RN	RN	sd4

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30878219
Page 2 of 2

RUN DATE: 03/11/15
RUN TIME: 2036
RUN USER: ALVARM.AM

Ellis Knighton with *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L DOB: 10/01/13 Age: 1Y 05M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K30878219 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)



[REDACTED] L
10/01/13 1Y 05M
Brandhurst, Roy E M
K30878219 03/11/15

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-550010/01/13 1Y 05M L
Brandhurst, Roy E M
K30878219 03/11/15

Discharge Instructions for: [REDACTED] L

Arrival Date:

03/11/15 19:57

Care Complete Time:

03/11/15 22:46


Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Brandhurst, Roy, MD

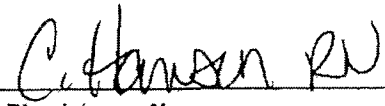
Diagnosis: Otitis Media; Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS
Bronchitis Ear - Middle, Infection (Otitis Media), Child Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: 3 days; Reason: Recheck today's complaints, Or sooner if you get worse	Amoxicillin Benadryl
SPECIAL NOTES	
Meds as prescribed, follow up PCP and ER if any problems.	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson

MRN # K000629604


ED Physician or Nurse**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)

P.O. BOX 33932

SHREVEPORT 71130

318-675-6082

When: 3 days

Reason: Recheck today's complaints, Or sooner if you get worse



10/01/13 1Y 05M L
Brandhurst, Roy E M
X30878219

03/11/15

PRESCRIPTIONS

Amoxicillin 400 mg/5 mL Oral Suspension for Reconstitution

Take 6 milliliter by ORAL route every 12 hours for 10 days; 120 milliliter

Benadryl 12.5 mg/5 mL Oral Elixir

Take 5 milliliter by ORAL route every 6 hours (10 kg); 100 milliliter

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

None

Other

None



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 03/11/15

Admission Time: 1957

AM3349_1
Page 1 of 2



AM0005



10/01/13 1Y F
Brandhurst, Roy E M.D.
K30878219 03/11/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Date/Time	Guarantor
Print Name	Print Name	Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
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Admission Date: 03/11/15
Admission Time: 1957
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 1Y F
Brandhurst, Roy E M.D.
K30878219 03/11/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K30791164

GUARANTOR: ALEXANDER,JENNIFER

NEXT OF KIN: ALEXANDER,JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Sullivan, Michael J M.D.

PHONE:

ADMIT/OTHER PHYS:

PRIM CARE PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K30791164

DATE: 02/13/15

UNIT#: K000629604

ROOM:

TIME: 1119

F/C: MA

STATUS: REG ER

SERV/LOC: ERS

SS#:

PATIENT: [REDACTED] L

BIRTHDATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

AGE: 1Y

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STA: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER,JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

RELATION: M

COMMENTS:

REASON FOR VISIT: COLD SYMPTOMS

ADMIT CLERK: SAFFED2.A

KNOWN DRUG ALLERGIES: NKDA



K30791164

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 02/13/2015 Time: 11:19
Bed 11

MRN: 1116206
Account#: K30791164
Private MD:

HPI:

02/13 This 16 months old Black Female presents to ED via Carried with complaints of **Cold Symptoms**. ep
14:07 The patient presents to the emergency department with congestion, with nasal discharge. Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. mother reports "wheezing". ep

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

12:39 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations jcm up to date, Last flu immunization: up to date. Social history: The patient lives at home with mother the patient is a minor.
14:07 The history from nurses notes was reviewed and confirmed. ep

ROS:

14:07 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Constitutional:** Negative for fever, chills, and weight loss. **Eyes:** negative for redness, discharge, vision changes, injury **Neck:** Negative for injury, pain, and swelling. **Cardiovascular:** Negative for chest pain, palpitations, and edema. **Respiratory:** Negative for shortness of breath, cough, wheezing, and pleuritic chest pain. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. **Back:** Negative for injury and pain. **GU:** Negative for injury, bleeding, discharge, and swelling. **MS/Extremity:** Negative for injury and deformity. **Skin:** Negative for injury, rash, and discoloration. **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure. **ENT:** Negative for nose bleed, pulling at ears. ep

Exam:

14:07 ep

Constitutional: Well developed, well nourished child who is awake, alert and cooperative with no acute distress.

Head/Face: Normocephalic, atraumatic.

Eyes: PERRLA, EOMI. Normal conjunctiva with no evidence of injection or discharge. Sclera are non-icteric. No gross corneal defects and anterior chambers appear normal by gross inspection.

Neck: Trachea midline, no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. no hepatosplenomegaly

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Physician Documentation Con't.

Skin: Warm and dry with excellent turgor. capillary refill <2 seconds. No cyanosis, pallor, rash or edema.

MS/ Extremity: no tenderness along the length of each extremity, FROM. no deformity

Neuro: awake, alert and attentive, moves all extremities, normal gait, age appropriate reflexes are normal, cranial nerves III through XII grossly intact.

ENT: External ear(s): are unremarkable, Ear canal(s): are normal. TM's: are normal. Nose: nasal drainage, that is moderate, and is seen coming from both nares, Posterior pharynx: is normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:28				98.5(R)	98% on R/A	9.98 kg / 22 lbs 0 oz	30 in. (76 cm)	0/10	jcm

11:28 FLACC (infant-toddler)

jcm

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:22	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

MDM:

13:55 Patient medically screened.

ep

14:07

ep

Differential diagnosis: URI, viral Infection, rhinitis.

Data reviewed: vital signs, nurses notes, and as a result. I will discharge patient.

Data interpreted: Pulse oximetry: normal.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Disposition:

14:07 Electronically signed by: Edward Paul MD. Disposition. Chart complete.

ep

Disposition:

02/13/15 14:09 Discharged to Home/Self Care. Impression: Rhinitis, Common Cold.

- Condition is Stable.
- Discharge Instructions: Cold, Common, Child.
- Follow up: Private Physician; When: Next week; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Paul, Edward, MD

MD ep

Mathews, Janet, RN

RN jcm

Gardner, Glyn, RN

RN dgg

Name: Aaliyah

MRN: 1116206
Account#: K30791164

Print Time 10/1 2019 13 07:54

Page 2 of 2

Nurse's Notes

Name: Aaliyah [REDACTED]
Age: 1 yrs **Sex:** Female **DOB:** 10/01/2013
Arrival Date: 02/13/2015 **Time:** 11:19
Bed: 11

Willis Knighton South

MRN: 1116206
Account#: K30791164
Private MD:

Presentation:

02/13 Method of Arrival: Carried. jcm
 11:22 Preferred language for medical communication is English. Presenting complaint: Mother states: Coughing and stuffy nose since yesterday. She been wheezing. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. jcm
 11:31 Acuity: 4 - Semi-Urgent. jcm

Triage Assessment:

11:22 **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance Reports fever for 0-12 hours. jcm
Pain: level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10.

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

12:39 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date, Last flu immunization: up to date. Social history: The patient lives at home with mother the patient is a minor. jcm
 14:07 The history from nurses notes was reviewed and confirmed. ep

Screening:

11:22 **Abuse screen:** jcm
 there are no obvious signs of child abuse.
Patient fall risk assessment;
 risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
 age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
 None Identified.
Exposure risk/Travel Screening:
 None identified.

Assessment:

12:40 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility; ambulates without assistance Denies fever. **Neuro:** Level of Consciousness is alert, awake, Oriented to person. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Trachea midline Breath sounds are clear bilaterally. upper airway slight wheezing sound with inspiration. **GI:** Parent/caregiver reports the patient having normal bowel habits. **GU:** Parent/caregiver report the patient having normal urinary habits. **Derm:** Skin is healthy with good turgor. **Musculoskeletal:** No deficits noted. Age appropriate behavior- Toddler (12 months to 4 yrs): non-autonomy -clings to parent, minimal language skills, fears pain, safety concerns. jcm

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
11:28		110	24	98.5(R)	98% on R/A	9.98 kg / 22 lbs 0 oz	30 in. (76 cm)	0/10	jcm

11:28 FLACC (infant-toddler) jcm

Vitals:

11:28 Acuity: 4 - Semi-Urgent. jcm

Nurse's Notes Con't

12:40 Body Mass Index = 17.28.

jcm

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
11:22	spontaneous(4)	oriented(5)	obeys commands(6)		15	jcm

ED Course:

11:19 Patient arrived in ED. ms2
 11:19 Patient moved to KIOSK. ms2
 11:31 Triage completed. jcm
 11:31 Patient moved to Waiting. jcm
 12:37 Patient moved to 11. smc
 12:40 No apparent distress. playing. Awaiting ED physician evaluation. ER nurse to see patient. jcm
 12:40 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up. verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. jcm
 12:40 No procedures done that require assistance. jcm
 13:20 Paul, Edward, MD is Attending Physician. ep
 14:15 Gardner, Glyn, RN is Primary Nurse. dgg

Administered Medications:

No medications were administered

Outcome:

14:09 Discharge ordered by MD. ep
 14:15 Discharged to home, carried. Patient left prior to receiving discharge instructions. No belongings were removed by WK staff. **Medication reconciliation form provided. Med Effects:** Patient recieved no medications during this visit. **Oxygen use:** Oxygen use not applicable. dgg
 14:16 Electronic medical record closed. dgg

Signatures:

Clinger, Steven, RN	RN	smc	Paul, Edward, MD	MD	ep
Mathews, Janet, RN	RN	jcm	Gardner, Glyn, RN	RN	dgg
Scriptuser, MEDHOST		ms2			

Name: Aaliyah [REDACTED]

Print Time: 10/1 2019 13:08:25

MRN: 1116206
 Account#: K30791164
 Page 2 of 2

RUN DATE: 02/13/15
RUN TIME: 1135
RUN USER: SAFFED2.AM

Ellis Knighton with *ADMISSION
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1


Name: [REDACTED] L DOB: 10/01/13 Age: 1Y 04M
Rm/Bd: Serv/Locn: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K30791164 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record


HENDERSON, MICHAEL L
10/01/13
Sullivan, Michael J
K30791164 02/13/15

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [REDACTED] L

Arrival Date: 02/13/15 11:19

Care Complete Time: 02/13/15 14:09

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Paul, Edward, MD

Diagnosis: Rhinitis, Common Cold

DISCHARGE INSTRUCTIONS	FORMS
Cold, Common, Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: Next week; Reason: Recheck today's complaints	None
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah [REDACTED]

MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

HENDERSON [REDACTED] L
10/01/13 11:04M
Sullivan, Michael J
K30791164 02/13/15

FOLLOW UP INSTRUCTIONS

Private Physician

When: Next week

Reason: Recheck today's complaints

TESTS AND PROCEDURES

Labs

None

Rad


None

Procedures

None

Other

None


HENDERSON, [REDACTED] L
10/01/13 1Y 04M
Sullivan, Michael J 02/13/15
K30791164
DO NOT DESTROY DOCUMENTS UNTIL YOU RECEIVE NOTICE



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 02/13/15

Admission Time: 1119

AM3349_1

Page 1 of 2



10/01/13 1Y F
Sullivan, Michael J M.D.
K30791164 02/13/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense. I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

 _____ Signature of Patient/Guardian	_____ Date/Time	 _____ Guarantor	_____ Date/Time	 _____ Witness	2/13/15 _____ Date/Time
 _____ Print Name		 _____ Print Name		 _____ Print Name	11:37 _____

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
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Admission Date: 02/13/15
 Admission Time: 1119
 AM3340_2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM0005



10/01/13 1Y F
 Sullivan, Michael J M.D.
 K30791164 02/13/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K30642359

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD
ADDRESS:ARRIVED FROM: C
ATTENDING PHYS: Easterling, David R M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K30642359
ROOM:
STATUS: REG ERDATE: 01/02/15
TIME: 1044
SERV/LOC: ERSUNIT#: K000629604
F/C: MA
SS#:PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISHBIRTHDATE: 10/01/13
AGE: 1Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLEEMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: HARTJAM



K30642359

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 1 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 01/02/2015 Time: 10:44

Bed 8

MRN: 1116206

Account#: K30642359

Private MD: Springer, Margaret, Ann

HPI:

01/02 This 15 months old Black Female presents to ED via Carried with complaints of **Cold Symptoms**. kd2
11:53
11:53 The patient presents to the emergency department with cough, that is constant, fever, with an emergency department temperature of 99.6 degrees Fahrenheit, rhinorrhea, wheezing. Onset: The symptoms/episode began/occurred 2 day(s) ago. Associated signs and symptoms: Pertinent positives: cough, fever, nasal discharge, wheezing, Pertinent negatives: congestion, diarrhea, seizure, shortness of breath, vomiting. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician. kd2

Historical:

- **Allergies:** No known drug Allergies;

- **Home Meds:**

1. No Home Medications

- **PMHx:** born at 27 weeks

- **PSHx:** None

Historical:

11:45 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations smc up to date. Social history: The patient lives at home with family the patient is a minor. Code Status: Full code.

11:53 History obtained from mother. The history from nurses notes was reviewed and confirmed. kd2

ROS:

12:01 **Eyes:** Negative for injury, pain, redness, and discharge, **Neck:** Negative for injury, pain, and swelling, stiffness **Cardiovascular:** Negative for chest pain and edema **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, distention, and constipation. **Back:** Negative for injury and pain, no deformity **GU:** Negative for injury, bleeding, discharge, and swelling. **MS/Extremity:** Negative for pain, injury and deformity. **Skin:** Negative for injury, rash, and discoloration, **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure. **Psych:** Negative for delusions, awake and oriented. kd2

12:01 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned below. **Constitutional:** Positive for coughing, fever. Negative for obvious distress, poor PO intake, shortness of breath, vomiting. **ENT:** Positive for nasal discharge, rhinorrhea, Negative for nose bleed, pulling at ears, **Respiratory:** Positive for cough, "sounds productive", wheezing. kd2

Exam:

12:01 kd2

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.

ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender, no deformity. No lesions appreciated. No axillary lymphadenopathy

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Physician Documentation Con't.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. Neuro vascular intact. Full range of motion without pain

Neuro: Awake or easily awakened, alert, makes good eye contact. age appropriate reflexes, good tone, easily consolable

Psych: Behavior, mood, response, and affect are appropriate for age. No delusions

Female GU: No CVA tenderness, bladder non-distended, non-tender.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well hydrated, well nourished, non-diaphoretic, non-toxic, afebrile.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:55				99.6(R)	97% on R/A	9.19 kg / 20 lbs 4 oz	28 in. (71 cm)		alt1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:55	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

MDM:

12:00 Patient medically screened.

dre

12:01

kd2

Data reviewed: vital signs, nurses notes, and as a result, I will continue to observe the patient.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

12:16

dre

Differential diagnosis: bacterial infection, bronchitis, fever, gastroenteritis, meningitis, pneumonia URI, UTI, viral Infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Disposition:

12:01 This chart was scribed by Day, Kalea, Scribe. in the presence of David Easterling MD.

kd2

12:16 Electronically signed by: David Easterling, M.D. Disposition.

dre

Disposition:

01/02/15 12:17 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI).

- Condition is Stable.
- Discharge Instructions: Upper Respiratory Infection (URI). Child.
- Prescriptions for
 - Orapred 15 mg/5 mL Oral Solution
 - take 4 milliliter by ORAL route once daily for 5 days: 20 milliliter.
- Follow up: Margaret Springer: When: First of next week: Reason: Recheck today's complaints.

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30642359

Print Time: 10/1 2019 13 09 43

Page 2 of 3

Physician Documentation Con't.

- Problem is new.
- Symptoms are unchanged.

Signatures:

Clinger, Steven, RN
Tomlinson, Amy, RN

RN smc
RN alt1

Easterling, David, MD
Day, Kalea, Scribe

MD dre
Scribe kd2

Nurse's Notes

Name: Aaliyah
Age: 1 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 01/02/2015 Time: 10:44

Willis Knighton South

MRN: 1116206
Account#: K30642359
Private MD: Springer, Margaret, Ann

Bed 8

Presentation:

01/02 Method of Arrival: Carried. alt1
10:55 Preferred language for medical communication is English. Presenting complaint: Mother states: "Cold, fever, wheezing, like it sounds like a cold rattling with her breathing". Person Transporting: Parent. Transition of care: patient was not received from another setting of care. Care prior to arrival: None.
11:00 Acuity: 4 - Semi-Urgent. alt1

Triage Assessment:

10:55 **General:** Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is appropriate for age, quiet. **Pain:** Faces. Legs. Activity. Cry. Consolability scale score is 0 out of 10. alt1

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** born at 27 weeks
- **PSHx:** None

Historical:

11:45 Family history: No immediate family members smc are acutely ill. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor. Code Status: Full code.
11:53 History obtained from mother. The history kd2 from nurses notes was reviewed and confirmed.

Screening:

10:55 **Abuse screen:** alt1
there are no obvious signs of child abuse.
Patient fall risk assessment;
risks identified; None.
Learning Barriers:
No barriers to teaching and learning identified.

Pedi Fall Risk

None Identified.

Exposure risk/Travel Screening:

None identified.

Assessment:

11:46 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces. Legs. Activity. Cry. Consolability scale smc score is 0 out of 10. **General:** Appears well developed, well nourished, well groomed, Behavior is appropriate for age. **General:** Reports fever for. **Neuro:** Level of Consciousness is alert, awake. **EENT:** Parent/caregiver reports the patient having nasal congestion nasal discharge that is watery. **Cardiovascular:** Capillary refill < 3 seconds is brisk in bilateral fingers. **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical. Airway is patent Breath sounds are clear bilaterally. Parent/caregiver reports the patient having cough that is. **GI:** Parent/caregiver reports the patient having normal bowel habits. **GU:** Parent/caregiver report the patient having normal urinary habits. **Derm:** Skin is intact, is healthy with good turgor. **Musculoskeletal:** No deficits noted. Age appropriate behavior-Toddler (12 months to 4 yrs): autonomy-separate from parent, appropriate language skills, fears pain, safety concerns.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
10:55				99.6(R)	97% on R/A	9.19 kg / 20 lbs 4 oz	28 in. (71 cm)		alt1

Vitals:

10:55 Acuity: 4 - Semi-Urgent. alt1
12:33 Body Mass Index = 18.23. smc

Nurse's Notes Con't

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10:55	spontaneous(4)	oriented(5)	obeys commands(6)		15	alt1

ED Course:

10:44 Patient arrived in ED.	ms2
10:44 Patient moved to KIOSK.	ms2
10:55 Springer, Margaret Ann, MD is Private Physician.	alt1
11:00 Triage completed.	alt1
11:00 Patient moved to Waiting.	alt1
11:41 Patient moved to 8.	smc
11:45 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Instructed to call for assist when getting up, verbalized understanding. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent.	smc
11:47 Easterling, David, MD is Attending Physician.	dre
12:03 Gardner, Glyn, RN is Primary Nurse.	dgg
12:03 No apparent distress.	dgg
12:17 Springer, Margaret Ann, MD is Referral Physician.	dre
12:33 No procedures done that require assistance.	smc

Administered Medications:

No medications were administered

Outcome:

12:17 Discharge ordered by MD.	dre
12:32 Discharged to home, carried, with family. Discharge instructions given to family, Instructed on discharge instructions, follow up and referral plans, medication usage. Demonstrated understanding of instructions, medications, Prescriptions given; 1, No questions or concerns expressed to me at discharge. Medication reconciliation form provided. Med Effects: Patient recieved no medications during this visit. Oxygen use: Oxygen use not applicable.	smc
12:33 Electronic medical record closed.	smc

Signatures:

Clinger, Steven, RN	RN	smc	Easterling, David, MD	MD	dre
Gardner, Glyn, RN	RN	dgg	Scriptuser, MEDHOST		ms2
Tomlinson, Amy, RN	RN	alt1	Day, Kalea, Scribe		Scribe kd2

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30642359
Page 2 of 2

RUN DATE: 01/02/15
RUN TIME: 1104
RUN USER: HARTJ.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1


Name: [REDACTED] L DOB: 10/01/13 Age: 1Y 03M
Rm/Bd: Serv/Loen: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K30642359 EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record


HENDERSON [REDACTED] L
10/01/13 1Y 03M
Easterling, David R
K30642359 01/02/15

Willis Knighton South and Center for Women's Health

Willis Knighton South

2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [REDACTED] L

Arrival Date:

01/02/15 10:44

Care Complete Time:

01/02/15 12:17

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Easterling, David, MD

Diagnosis: Upper Respiratory Infection (URI)

DISCHARGE INSTRUCTIONS	FORMS
Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: First of next week; Reason: Recheck today's complaints	Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aanyah Henderson
MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy



YAH L
10/01/13 1Y 03M
Easterling, David R
K30642359 01/02/15

FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)
P.O. BOX 33932
SHREVEPORT 71130
318-675-6082
When: First of next week
Reason: Recheck today's complaints

PRESCRIPTIONS

Orapred 15 mg/5 mL Oral Solution
Take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter


TESTS AND PROCEDURES

Labs
None

Rad
None

Procedures
None

Other
None


HENDERSON, AALIYAH L
10/01/13 1Y 03M
Easterling, David R 01/02/15
K30642359



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalization and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 01/02/15

Admission Time: 1044

AM3349_1

Page 1 of 2



10/01/13 1Y F
Easterling, David R M.D.
K30642359 01/02/15



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Signature of Guarantor	Signature of Witness
Date/Time	Date/Time	Date/Time
Print Name	Print Name	Print Name

1-2-15
1044

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
----------------------------------	---	-----------	---------	-----------

Admission Date: 01/02/15
Admission Time: 1044
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



L
10/01/13 1Y F
Easterling, David R M.D.
K30642359 01/02/15

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K30385629

GUARANTOR: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

NEXT OF KIN: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER:CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Brandhurst, Roy E M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: UNKNOWN

PHONE:

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K30385629
ROOM:
STATUS: REG ER

DATE: 10/16/14
TIME: 1943
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#:

PATIENT: [REDACTED] L
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821
COUNTY: CADD0 PARISH

BIRTHDATE: 10/01/13
AGE: 1Y
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT,LA 71109
(318)631-7714

PERSON TO NOTIFY: ALEXANDER,JENNIFER
ADDRESS: 2247 LEGARDY STREET
SHREVEPORT,LA 71107
PHONE: (318)210-3821

RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: CROCKL1.A



K30385629

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 1 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 10/16/2014 Time: 19:43

Bed 2

MRN: 1116206

Account#: K30385629

Private MD: Springer, Margaret, Ann

HPI:

10/16 This 12 months old Black Female presents to ED via Carried with complaints of **Cold Symptoms**. kg2
22:45
22:54 The patient presents to the emergency department with congestion, cough, fever, with an emergency department temperature of 102.2 degrees Fahrenheit. Onset: The symptoms/episode began/occurred gradually, and became worse 2 day(s) ago. Associated signs and symptoms: Pertinent positives: congestion, cough, fever. Pertinent negatives: body aches, chest pain, constipation, diarrhea, dysuria, earache, headache, myalgias, nasal discharge, seizure, shortness of breath, sore throat, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: none. The patient has experienced a previous episode. The patient has been recently seen at a Willis Knighton Emergency Department, a couple of weeks ago, rash and ear infection. kg2

Historical:

- **Allergies:** No known Allergies; No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** None
- **PSHx:** None

Historical:

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed. kg2
10/17 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations jr7
01:14 up to date.

ROS:

10/16 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned kg2
22:54 below. **Eyes:** Negative for injury, pain, redness, and discharge. **Neck:** Negative for injury, pain, and swelling. **Cardiovascular:** Negative for chest pain, palpitations, and edema. **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. **Back:** Negative for injury and pain. **GU:** Negative for injury, bleeding, discharge, and swelling. **MS/Extremity:** Negative for injury and deformity. **Skin:** Negative for injury, rash, and discoloration. **Neuro:** Negative for headache, weakness, numbness, tingling, and seizure. **Constitutional:** Positive for coughing, fever, Negative for body aches, chills, chronic foley, fatigue, fussiness, malaise, acute pain, poor PO intake, shortness of breath, vomiting, weight loss. **ENT:** Positive for sinus congestion. Negative for ear pain, foreign body sensation of the ears, hearing loss, injury or acute deformity, difficulty handling secretions, difficulty swallowing, hoarseness, nasal discharge, nose bleed, pulling at ears, rhinorrhea, sinus pain, sore throat, tinnitus, dental pain. **Respiratory:** Positive for cough, Negative for dyspnea on exertion, hemoptysis, orthopnea, pleurisy, paroxysmal nocturnal dyspnea, shortness of breath, wheezing.

Exam:

22:54 kg2
Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well groomed, well hydrated, well nourished, non-diaphoretic, non-toxic, febrile.
ENT: External ear(s): are unremarkable, no abrasion, no avulsion, no erythema, no laceration, no puncture, no cellulitis, no abscess, no swelling, no contusion, no pain with movement. Ear canal(s): are normal, clear, no abscess, no bleeding, no bloody discharge, no cerumen impaction, no erythema, no foreign body, no purulent discharge, no swelling, TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, no hemotympanum, no rupture, Nose: is normal, no abrasion, no abscess, no bleeding, no clotted blood, no contusion, no drainage, no edema, no erythema, no laceration, no septal hematoma, no swelling, Mouth: is normal, no abscess, no drooling, no injury, no laceration, no lesion(s), no ulcerations, no mucosal abnormalities, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass,

Physician Documentation Con't.

no pooling of secretions, no swelling.

Neck: External neck: is normal, no abrasions, no abscess, no cellulitis, no ecchymosis, no erythema, no laceration, no mass, no rash, no swelling, no tenderness, C-spine: appears grossly normal, no vertebral tenderness, no crepitus, JVD: is not appreciated, Thyroid: appears normal, no enlargement, no nodules, no tenderness, Trachea: is midline with no obvious abnormalities, ROM/movement: is normal, is supple, without pain, no range of motions limitations, no meningismus, no nuchal rigidity, Lymph nodes: no appreciated lymphadenopathy.

22:56

kg2

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light. extra-ocular motions intact. Normal sclera. No evidence of conjunctivitis. Lids and lashes normal. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal chest wall appearance and motion. Nontender. no deformity. No lesions appreciated. No axillary lymphadenopathy.

Cardiovascular: Regular rate and rhythm, normal S1, S2, no murmurs, gallops, or rubs. Normal PMI. No JVD. No pulse deficits.

Abdomen/GI: Soft, nontender, nondistended, no mass, no hepatosplenomegaly. No rebound or guarding. Bowel sounds present all quadrants. No hernia noted.

Back: Normal inspection with no obvious deformity. No spinal or CVA tenderness. Normal ROM without pain.

Skin: Warm, dry with normal turgor. Normal color with no rashes, pallor, or cellulitis.

MS/ Extremity: Pulses equal. No clubbing, cyanosis, or edema. NVI, FROM without pain.

Neuro: Awake or easily awakened. alert, makes good eye contact, age appropriate reflexes, good tone, easily consolable.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, no use of accessory muscles, no grunting, no evidence of nasal flaring, no appreciated paradoxical movements, no pursed lip breathing, no retractions, Breath sounds: are normal, clear throughout, no rales, rhonchi, no wheezing.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:11		117	32	102.2(R)	96% on R/A	8.28 kg / 18 lbs 4 oz (M)	0/10	jmh
23:07				98.8(R)				jh15
10/17 01:15				97.2(R)				jh15

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10/16 20:11	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh

MDM:

22:56

kg2

Data reviewed: vital signs, nurses notes, lab test result(s), radiologic studies, plain films, and as a result, I will continue to observe the patient, order radiologic study(s), plain X-ray(s), order laboratory test(s).

Data interpreted: Pulse oximetry: normal. Interpretation: normal. on room air observed by me at the bedside is 96 %.

Test interpretation: by ED physician: plain radiologic studies.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K30385629

Print Time: 10/1 2019 13:11 05

Page 2 of 5

Physician Documentation Con't.

23:08 Patient medically screened.

dre

10/17

dre

00:46 **Differential diagnosis:** bacterial infection, bronchitis, fever, gastroenteritis, meningitis, pneumonia URI, UTI, viral Infection. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

Order	Status	Time	By	For				
Ibuprofen Suspension 10 mg/kg PO once: per weight dosing chart	Ordered	10/16/14 20:15	jmh	dre				
	Administered	10/16/14 20:17	jmh					
Notes:	Order Method: Verbal - Read back							
	Sign off: Easterling, David 10/16/14 22:56							
10/16/14 20:17 Administered: Ibuprofen Suspension 10 mg/kg PO			jmh					
10/16/14 23:07 Follow Up: Temp 98.8 Rectal; Response: Temperature is decreased			jh15					
Order	Status	Time	By	For				
CBC With Diff	Ordered	10/16/14 22:56	dre	dre				
	Reviewed	10/17/14 00:45	David Easterling					
Notes:	Order Method: Electronic							
Interpretation: Normal.								
COLLECTED BY NURSE? (Y/N) (OELBCBN): No								
Ordering Location: ERNPC1.1								
Quantity 1: 1								
Order	Status	Time	By	For				
UA w/mic if indicated	Ordered	10/16/14 22:56	dre	dre				
	Reviewed	10/17/14 00:45	David Easterling					
Notes:	Order Method: Electronic							
Interpretation: Appearance Cloudy.								
Order	Status	Time	By	For				
COLLECT URINE	Ordered	10/16/14 22:56	dre	dre				
	Completed	10/16/14 23:55	Justin Hall					
Notes:	Order Method: Electronic							
Order	Status	Time	By	For				
Blood Culture, Bacteria	Ordered	10/16/14 22:56	dre	dre				
	In Process Unspecified	10/16/14 22:57	Dispatcher MedHost					
Notes:	Order Method: Electronic							
COLLECTED BY NURSE? (Y/N) (OELBCBN): No								
Source (OEMICbld): Venipuncture								
Quantity or Number of Units: 1 unit								
Order	Status	Time	By	For				

Name: Aaliyah [REDACTED]

MRN: 1116206

Account#: K30385629

Print Time 10/1 2019 13:11:05

Page 3 of 5

Physician Documentation Con't.

Call X-Ray Tech	Ordered	10/16/14 22:56	dre	dre
	Completed	10/17/14 00:45	Justin Hall	
Notes:	Order Method: Electronic			
Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	10/16/14 22:56	dre	dre
	Returned	10/17/14 09:58	Dispatcher MedHost	
Notes: Bed Name: 2	Order Method: Electronic			
Interpretation: Normal.				
ER EXAM ROOM/BED: (OERDERRMBD): 2				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
WBC Differential, Manual	Ordered	10/16/14 23:16	EDMS	
	Reviewed	10/17/14 00:45	David Easterling	
Notes:	Order Method:			
	Sign off:			
Interpretation: Normal Except: Monocytes 16.				
Order	Status	Time	By	For
MICROSCOPIC URINE	Ordered	10/17/14 00:31	EDMS	
	Reviewed	10/17/14 00:45	David Easterling	
Notes:	Order Method:			
	Sign off:			
Interpretation: Normal Except: Mucous 3+; Amorphous Sed 2+; Red Blood Cells 4-10.				
Order	Status	Time	By	For
URINE CLINITEST	Ordered	10/17/14 00:35	EDMS	
	Reviewed	10/17/14 00:45	David Easterling	
Notes:	Order Method:			
	Sign off:			

Order Signatures:

Easterling, David, MD
MedHost, Dispatcher

MD dre
EDMS

Hartsell, Michael, RN

RN jmh

Disposition:

10/16 22:56 This chart was scribed by Glenn, Kirra. in the presence of David Easterling MD.

kg2

10/17 00:46 Electronically signed by: David Easterling, M.D. Disposition.

dre

Disposition:

10/17/14 00:46 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Fever.

- Condition is Stable.

Name: Aaliyah

MRN: 1116206
Account#: K30385629
Page 4 of 5

Physician Documentation Con't.

- Discharge Instructions: Upper Respiratory Infection (URI), Child, Fever, Child (with Dosage Charts).
- Prescriptions for
Orapred 15 mg/5 mL Oral Solution
- take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter.
- Follow up: Margaret Springer; When: First of next week; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Easterling, David, MD

MD dre

Hartsell, Michael, RN

RN jmh

Riggs, Jennifer, RN

RN jr7

Glenn, Kirra, Scribe

Scribe kg2

Hall, Justin, RN

RN jh15

Name: Aaliyah [REDACTED]

Print Time 10/1/2019 13:11:05

MRN: 1116206
Account#: K30385629
Page 5 of 5

Nurse's Notes

Name: Aaliyah
Age: 1 yrs Sex: Female DOB: 10-01-2013
Arrival Date: 10/16/2014 Time: 19:43

Willis Knighton South

MRN: 1116206
Account#: K30385629
Private MD: Springer, Margaret, Ann

Bed 2

Presentation:

10/16 Method of Arrival: Carried. jmh
20:11 Preferred language for medical communication is English. Presenting complaint: Mother states: she has been running a fever and shes been coughing with a stuffy nose. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. jmh
20:15 Acuity: 3 - Urgent. jmh

Triage Assessment:

20:11 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, pleasant, mobility; ambulates without assistance Reports fever for 2-3 days, feeling ill for 2-3 days. Denies. **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. jmh

Historical:

- **Allergies:** No known Allergies; No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

22:54 History obtained from mother. The history from nurses notes was reviewed and confirmed. kg2
10/17 Family history: No immediate family members jr7
01:14 are acutely ill. Immunization history: Childhood immunizations up to date.

Screening:

10/16 **Abuse screen:** jmh
20:11 there are no obvious signs of child abuse.
Patient fall risk assessment; risks identified; is of toddler age, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers: age barrier identified, caregiver ready and willing to learn, prefers oral and written instructions.
Pedi Fall Risk None Identified.
Exposure risk/Travel Screening: None identified.

Assessment:

23:25 **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well groomed, Behavior is cooperative, appropriate for age, quiet. Reports fever for 1-2 days. **Neuro:** Level of Consciousness is alert, awake, Oriented to person. **EENT:** Parent/caregiver reports the patient having nasal congestion since a couple of weeks ago nasal discharge that is watery. **Respiratory:** Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical, Airway is patent Denies shortness of breath at rest, labored breathing, air hunger, Parent/caregiver reports the patient having cough that is non-productive. **GI:** Denies constipation, diarrhea, Parent/caregiver reports the patient having normal bowel habits, decreased appetite for a couple of days. **GU:** Parent/caregiver report the patient having normal urinary habits. Age appropriate behavior- Toddler (12 months to 4 yrs): autonomy-separate from parent, minimal language skills, safety concerns. jh15

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
20:11		102	32	102.2(R)	96% on R/A	8.28 kg / 18 lbs 4 oz (M)	0/10	jmh
23:07				98.8(R)				jh15
10/17 01:15				97.2(R)				jh15

Nurse's Notes Con't

Vitals:

10/16 Acuity: 3 - Urgent. jmh
20:11
10/17 Body Mass Index = 14.26. jh15
01:14

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
10/16	spontaneous(4)	oriented(5)	obeys commands(6)		15	jmh
20:11						

ED Course:

19:43 Patient arrived in ED. ms2
19:43 Patient moved to KIOSK. ms2
20:11 Springer, Margaret Ann, MD is Private Physician. jmh
20:18 Patient moved to Waiting. jmh
22:33 Hall, Justin, RN is Primary Nurse. jh15
22:33 Patient moved to 2. jh15
22:44 Easterling, David, MD is Attending Physician. dre
23:00 Patient moved to Radiology. ks4
23:00 Chest 2 View *routine* Sent. ks4
23:20 Patient moved to 2. jat
23:30 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Child being held by parent. jh15
23:54 Urine collected; I & O cath specimen. specimen labeled in the presence of the patient Sent per order to lab. jr7
Quick cath inserted with aseptic technique 8 French. specimen obtained. Returned clear yellow urine.
Patient tolerated poorly.
10/17 Notified ED physician of lab called to inform that because the urine collected was such a small amount, they mg3
00:38 used it to run a micro and a clinitest and did not have enough for further testing. the clinitest came back positive, but lab is unable to confirm if this is glucose or not. more urine would be required for further testing. dr easterling informed.
00:46 Springer, Margaret Ann, MD is Referral Physician. dre
01:16 No procedures done that require assistance. jh15

Administered Medications:

Time	Drug & Dose <i>Dispensed & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
10/16	Ibuprofen Suspension 10 mg/kg		PO					jmh
20:17								
23:07	Follow up: Temp 98.8 Rectal; Response: Temperature is decreased							jh15

Outcome:

10/17 Discharge ordered by MD. dre
00:46
01:15 Discharged to home, carried, with family. Discharge instructions given to family. Instructed on discharge instructions, follow up and referral plans, medication usage. fever management, handwashing Demonstrated jh15

Name: Aaliyah

MRN: 1116206
Account#: K30385629

Nurse's Notes Con't

understanding of instructions, medications, Prescriptions given: 1. No questions or concerns expressed to me at discharge. No belongings were removed by WK staff. **Medication reconciliation form provided.**

Med Effects: Effects of administered medications were addressed. **Oxygen use:** Oxygen use not applicable.

01:16 Electronic medical record closed.

jh15

Signatures:

Easterling, David, MD
Scriptuser, MEDHOST
Torres, Jose
Griggs, Melissa, RN
Hall, Justin, RN

MD dre
ms2
jat
RN mg3
RN jh15

Hartsell, Michael, RN
Riggs, Jennifer, RN
Glenn, Kirra, Scribe
Stiles, Katie

RN jmh
RN jr7
Scribe kg2
ks4

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 1

LOCATION

PATIENT: L ACCT #: K30385629 LOC: ERS U #: K000629604
AGE/SX: 1Y 00M/F ROOM: REG: 10/16/14
REG DR: Easterling, David R M.D STATUS: DEP ER BED: DIS:

URINALYSIS

Day	1		
Date	OCT 16		
Time	2355		
		Reference	Units
=> Color	(a)	(Yellow)	
=> Appearance	(b) H	(Clear)	
=> Sp Gravity	(c)	(1.003-1.035)	
=> Glucose	(d)	(Negative)	
=> Bile	(e)	(Negative)	
=> Urine Clinitest	(f) H	(Negative)	
=> Urine Ketones	(g)	(Negative)	
=> Occult Blood	(h)	(Negative)	
=> Urine pH	(i)	(4.6-8.0)	
=> Albumin	(j)	(Negative)	
=> Urobilinogen	(k)	(0.2-1.0)	mg/dL
=> Nitrite	(l)	(Negative)	
=> Leuko Esterase	(m)	(Negative)	
=> Epithelial Cell	Rare	(None Seen)	/lpf
=> Mucous	3+ H	(Negative)	
=> Amorphous Sed	2+ H	(Negative)	
=> White Bld Cells	0-4	(<5)	/hpf
=> Red Blood Cells	4-10 H	(<4)	/hpf
=> Bacteria	Rare	(None Seen)	/hpf
=> Crystals	(n)	(None Seen)	/hpf

NOTES: (a) Yellow
(b) Cloudy H
(c) Test not performed
QUANTITY NOT SUFFICIENT FOR RELIABLE EXAMINATION
(d) Test not performed
(e) Test not performed
(f) 1/2 H

Patient's Date of Birth (10/01/13) used for confirmation.
Critical Value called by LISH'A BOND at 0037.
Results were read back by MELISSA GRIGGS.

(g) Test not performed
(h) Test not performed
(i) Test not performed
(j) Test not performed
(k) Test not performed
(l) Test not performed
(m) Test not performed
(n) None Seen

Patient: L Age/Sex: 1Y 00M/F Acct#K30385629 Unit#K000629604

PAGE 2

LOCATION

Patient: [REDACTED] L		#K30385629	(Continued)
URINALYSIS Continued			
Day	1		
Date	OCT 16		
Time	2355	Reference	Units
=> Casts	(o)	(None Seen)	/lpf
NOTES: (o) None Seen			
Patient: [REDACTED] L		Age/Sex: 1Y 00M/F	Acct#K30385629 Unit#K000629604

RUN DATE: 10/01/19
 RUN TIME: 1347
 RUN USER: PARRM.HM

Laboratory System *Live*
 WKS Discharge Summary Report

PAGE 3

LOCATION

Patient: [REDACTED] L

#K30385629

(Continued)

HEMATOLOGY

Day	1	Reference	Units
Date	OCT 16		
Time	2302		
=> White Blood Cel	9.4	(6.0-11.0)	10 ⁹ /L
=> Red Blood Cell	5.01	(3.7-6.0)	10 ⁶ /uL
=> Hemoglobin	11.9	(10.5-13.5)	g/dL
=> Hematocrit	35.8	(33.0-40.0)	%
=> MCV	71.4 L	(74.0-89.0)	fL
=> MCH	23.7 L	(27.1-34.2)	pg
=> MCHC	33.2	(33.0-35.6)	g/dL
=> RDW	13.8	(Not Estab.)	%
=> Platelet Count	253	(130-351)	10 ³ /uL
=> Mean Plt Volume	7.1	(6.6-10.2)	fL
=> Neutrophils	35.2	(Not Estab.)	%
=> Lymphocytes	42.3	(Not Estab.)	%
=> Monocytes	19.4 H	(3-10)	%
=> Eosinophils	2.8	(0.0-8.0)	%
=> Basophils	0.3	(0.0-3.0)	%
=> Neutrophils #	3.3	(Not Estab.)	10 ³ /uL
=> Lymphocytes #	4.0	(Not Estab.)	10 ⁹ /L
=> Monocytes #	1.8	(Not Estab.)	10 ³ /uL
=> Eosinophils #	0.3	(Not Estab.)	10 ³ /uL
=> Basophils #	0.0	(Not Estab.)	10 ³ /uL
=> Segmented Neut	31	(Not Estab.)	%
=> Lymphocytes	48	(Not Estab.)	%
=> Monocytes	16 H	(3-10)	%
=> Eosinophils	4	(0-8)	%
=> Basophils	1	(0-3)	%
=> Hypochromic	1+	(NORMAL)	
=> Microcytosis	1+	(NORMAL)	
=> Spherocytes	(p)	(NONE SEEN)	
=> Schistocytes	(q)	(NORMAL)	
=> Plt Estimate	(r)	(NORMAL)	
=> Diff Comments	(s)		

NOTES: (p) Occ/Rare
 (q) Occ/Rare
 (r) NORMAL
 (s) Comments

Few Atypical Lymphs

Patient: [REDACTED] L

Age/Sex: 1Y 00M/F Acct#K30385629

Unit#K000629604

RUN DATE: 10/01/19
RUN TIME: 1347
RUN USER: PARRM.HM

Laboratory System *Live*
WKS Discharge Summary Report

PAGE 4

LOCATION

Patient: [REDACTED] L #K30385629 (Continued)

Source: Blood

> Culture, Blood [REDACTED] Final 10/23/14
NO GROWTH AT 5 DAYS

Patient: [REDACTED] L Age/Sex: 1Y 00M/F Acct#K30385629 Unit#K000629604

Patient Name: [REDACTED] L
Unit No: K000629604 SS#: 338-89-3614
Admitting Diagnosis:

EXAM# TYPE/EXAM RESULT
001032640 XR/CHEST 2 VIEW *ROUTINE*
MODE OF TRANSPORTATION : STR - STRETCHER
O2: N
REASON FOR EXAM: Cold Symptoms
Baby ID#:

REASON FOR EXAM: Cold Symptoms

TWO VIEW CHEST:
DICTATED TIME: 6:19 AM

INTERPRETIVE LOCATION: MAJESTE

Patient not positioned well limiting the study. Heart size appears normal. No obvious infiltrates or effusions.

IMPRESSION:

Grossly unremarkable study.

** REPORT ELECTRONICALLY SIGNED 10/17/2014 (1531) **
Reported By: D.MAJESTE,M.D.(ELEC.SIGN)WKS
Signed By: MAJESTE,DONALD
10/17/2014 1531

CC:

Transcribed Date/Time: 10/17/2014 (0958)
Transcriptionist: THOMAD.RD
Printed Date/Time: 10/03/2019 (1036)
Tech: JOSE A. TORRES,KATIE N STILES,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Easterling, David R M.D.
DOB: 10/01/2013 Age: 4Y 4M Sex: F
Acct No: K30385629 Loc: UNK
Exam Date: 10/16/2014 Status: UNK
Radiology No:

PAGE 1

RUN DATE: 10/16/14
RUN TIME: 2027
RUN USER: CROCKL1.AM

Willis Knighton South *ADMISSIONS*
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT


Name: [REDACTED] L
Rm/Bd: Serv/Locn: ERS
Unit#: K000629604 Account#: K30385629

DOB: 10/01/13 Age: 1Y 00M
Status: ER Sex: F
EPI#: 000000001116206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)


HENDERSON, AALIYAH L
10/01/13 1Y 00M
Brandhurst, Roy E M 10/16/14
K30385629

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

Willis Knighton South and Center for Women's Health

Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-550010/01/13 1Y 00M L
Brandhurst, Roy E M
K30385629

10/16/14

Discharge Instructions for: [REDACTED] L

Arrival Date:

10/16/14 19:43

Care Complete Time:

10/17/14 00:46

Thank you for choosing Willis Knighton South for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Easterling, David, MD

Diagnosis: Upper Respiratory Infection (URI); Fever

DISCHARGE INSTRUCTIONS	FORMS
Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: First of next week; Reason: Recheck today's complaints	Orapred
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah Henderson
MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)


P.O. BOX 33932

SHREVEPORT 71130

318-675-6082

When: First of next week

Reason: Recheck today's complaints


HENDERSON, AALIYAH L
10/01/13 1Y 00M
Brandhurst, Roy E M 10/16/14
K30385629

PRESCRIPTIONS

Orapred 15 mg/5 mL Oral Solution

Take 4 milliliter by ORAL route once daily for 5 days; 20 milliliter

TESTS AND PROCEDURES

Labs

Blood Culture, Bacteria, CBC With Diff, UA w/mic if indicated, WBC Differential, Manual, MICROSCOPIC URINE, URINE CLINITEST

Rad

Chest 2 View *routine*

Procedures

Pulse ox interpretation

Other

COLLECT URINE, Call X-Ray Tech



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 10/16/14

Admission Time: 1943

AM3349_1

Page 1 of 2



AM0005



10/01/13 1Y F
Brandhurst, Roy E M.D.
K30385629 10/16/14



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian	Signature of Guarantor	Signature of Witness
Date/Time	Date/Time	Date/Time
Print Name	Print Name	Print Name

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

Signature of Authorized Party	Authorized Party's Relationship to the Patient	Date/Time	Witness	Date/Time
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Admission Date: 10/16/14
Admission Time: 1943
AM3349_2
Revised 10/01/2013
Committee Approved 12/13/2013
Page 2 of 2



AM0005



10/01/13 1Y F
Brandhurst, Roy E M.D.
K30385629 10/16/14

297972

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] IYAH L

ACCT NO: K30299689

GUARANTOR: ALEXANDER JENNIFER

NEXT OF KIN: ALEXANDER JENNIFER

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821

RELATION: M

GUAR EMPLOYER: CHILD

ADDRESS:

ARRIVED FROM: C

ATTENDING PHYS: Fert, John J M.D.

PHONE:

ADMIT OTHER PHYS:

FROM LABS PHYS: UNKNOWN

	NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS:	LA HI TH CARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:				
TERTIARY INS:				
FOURTH INS:				

ACCT NO: K30299689

DATE: 09/24/14

UNIT #: K000629604

ROOM:

TIME: 0910

RA: MA

STATUS: REG ER

REGISTRATION: LHS

SE#:

PATIENT: [REDACTED] L

BIP IN DATE: 10/01/13

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107

AGE: 11M

SEX: F

PHONE: (318)210-3821

RACE: BLACK OR AFRICAN A

RELIGION: NO RELIGION

COUNTY: CADD0 PARISH

MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE

PERSON TO NOTIFY: ALEXANDER JENNIFER

ADDRESS: 4038 MARRON PLACE
SHREVEPORT, LA 71109

ADDRESS: 2247 LEGARDY STREET
SHREVEPORT, LA 71107

(318)631-7714

PHONE: (318)210-3821

RELATION: M

COMMENTS: NO CARDS PRESENT

REASON FOR VISIT: RASH

KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: ZIMMECA.M



K30299689

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]
Age: 0 yrs Sex: Female DOB: 10/01/2013
Arrival Date: 09/23/2014 Time: 09:10
Bed 8

MRN: 1116206
Account#: K30299689
Private MD: Springer, Margaret, Ann

HPI:

09/23 This 11 months old Black Female presents to ED via Carried with complaints of Rash. ssm1
10:29 The patient's rash thought to be caused by an unknown cause. The rash is located on the body diffusely. ssm1
10:29 The rash can be described as "itchy bumpy rash". Onset: The symptoms/episode began/occurred yesterday. Associated signs and symptoms: Pertinent positives: itching, Pertinent negatives: fever, vomiting, wheezing. Severity of symptoms: At their worst the symptoms were moderate in the emergency department the symptoms are unchanged. Treatment given at home: none. The patient has not experienced similar symptoms in the past. Mother states pt was around another child that had a rash on Sunday.

Historical:

- Allergies: No known drug Allergies;
- Home Meds:
 1. No Home Medications
- PMHx: .None
- PSHx: None

Historical:

09:44 Family history: A friend's son has/had a rash . Immunization history: Childhood immunizations up to date. cm13
Social history: The patient lives at home with family the patient is a minor.
10:29 The history from nurses notes was reviewed and confirmed. ssm1

ROS:

10:29 **Skin:** Positive for itching, rash. ROS as in the HPI, and all other systems were reviewed negative, or ssm1
noncontributory, except as mentioned below. **Eyes:** Negative for injury, pain, redness, and discharge, ENT
Negative for injury, pain, and discharge, **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:**
Negative for edema, **Respiratory:** Negative for shortness of breath, and cough. **Abdomen/GI:** Negative for
abdominal pain, nausea, vomiting, diarrhea, and constipation, **Back:** Negative for injury and pain, **GU:**
Negative for injury, bleeding, discharge, and swelling. MS/Extremity Negative for injury and deformity,
Neuro: Negative for weakness and seizure. **Constitutional:** Negative for body aches, chills, coughing,
fatigue, fever, fussiness. acute pain. poor PO intake, shortness of breath, vomiting, weight loss.

Exam:

10:29 ssm1

Head/Face: Normocephalic, atraumatic, fontanelle open, soft, and flat.
Eyes: Pupils equal round and reactive to light. extra-ocular motions intact. Lids and lashes normal.
Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no
swelling, redness, or edema.
Neck: Trachea midline with no masses and no lymphadenopathy. No nuchal rigidity. No Meningismus.
Supple. Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axillae
Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal
PMI, no JVD. No pulse deficits.
Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales,
rhonchi or wheezes noted. No increased work of breathing. no retractions or nasal flaring.
Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding,
rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No Hernia.
Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.
MS/ Extremity: Pulses equal. no cyanosis. Neurovascular intact. Full, normal range of motion.
Neuro: Awake, alert. with age appropriate reflexes and responses to physical exam. Good muscle tone.
Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake,
alert, well developed, well hydrated, non-toxic, afebrile.

Physician Documentation Con't.

ENT: External ear(s): are unremarkable. Ear canal(s): are normal, clear, TM's: erythema, that is marked, on the right, mild erythema on the left, Nose: nasal drainage, and is seen coming from both nares, crusted exudate Mouth: is normal, Posterior pharynx: is normal. airway is patent, no erythema, no exudate, no swelling.

Skin: Appearance: normal except for affected area. Color: pink. Temperature: warm, Moisture: dry, cellulitis, is not appreciated, lesion(s), are not present, rash a mild rash is noted, rash can be described as erythematous, papular, diffusely Turgor: is excellent.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
09:27		177	24	100.3(R)	99% on R/A	7.71 kg / 17 lbs 0 oz	26 in. (66 cm)	0/10	sh1
09:44			32						cm13
10:46		142	32						smc

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
09:27	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	sh1

MDM:

10:29

ssm1

Data reviewed: vital signs, nurses notes, and as a result, I will discharge patient. Give prescription at discharge.

Data interpreted: Pulse oximetry: Interpretation: normal. on room air observed by me at the triage is 99 %.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

10:39 Patient medically screened.

jif

21:34 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

jif

Disposition:

10:29 This chart was scribed by Matthews, Stephani, Scribe. in the presence of John Felty MD.

ssm1

21:34 Electronically signed by: John Felty MD. Electronically signed by: John Felty MD.

jif

Disposition:

09/23/14 10:39 Discharged to Home/Self Care. Impression: Otitis Media, Rash.

- Condition is Stable.
- Discharge Instructions: Ear - Middle, Infection (Otitis Media). Child. Fever, Child (with Dosage Charts), Rash, Generic.
- Prescriptions for
Zithromax 100 mg/5 ml Oral Suspension for Reconstitution
- take 3 milligram by ORAL route one time for 1 day then take (5mg/kg/day) 1.5 milliliters by oral route days 2,3,4,5; 9 milliliter.
- Follow up: Margaret Springer; When: First of next week; Reason: Recheck today's complaints, Or sooner if you get worse.
- Problem is new.

Name: Aaliyah [REDACTED]

MRN: 1116206
Account#: K30299689
Page 2 of 3

Physician Documentation Con't.

- Symptoms are unchanged.

Signatures:

Clinger, Steven, RN

RN smc

Felty, John. MD

MD jjf

Hovingh, Sue, RN

RN sh1

Matthews, Stephani, Scribe

Scribe ssm1

McDaniel, Crystal, RN

RN cm13

Nurse's Notes

Name: Aaliyah
Age: 0 yrs **Sex:** Female **DOB:** 10/01/2013
Arrival Date: 09/23/2014 **Time:** 09:10

Willis Knighton South

MRN: 1116206
Account#: K30299689
Private MD: Springer, Margaret, Ann

Bed 8

Presentation:

09/23 Method of Arrival: Carried. sh1
 09:27 Preferred language for medical communication is English. Presenting complaint: Mother states: she has this bumpy itchy rash all over her body it started yesterday. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. sh1
 09:32 Acuity: 4 - Semi-Urgent. sh1

Triage Assessment:

09:27 **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age. **Pain:** Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. sh1

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. No Home Medications
- **PMHx:** .None
- **PSHx:** None

Historical:

09:44 Family history: A friend's son has/had a rash. Immunization history: Childhood immunizations up to date. Social history: The patient lives at home with family the patient is a minor. cm13
 10:29 The history from nurses notes was reviewed and confirmed. ssm1

Screening:

09:27 **Abuse screen:** sh1
 Denies threats or abuse.
Patient fall risk assessment;
 risks identified; is an infant, Intervention for positive screen: parent/caregiver holding child, teaching provided regarding fall risk, with verbalized understanding.
Learning Barriers:
 age barrier identified, caregiver ready and willing to learn.
Pedi Fall Risk
 None Identified.

Assessment:

09:44 **Infant assessment:** Birth complications: emergency C-section. Pregnancy complications: pre-eclampsia. cm13
 Birth weight: 1 lb 9 oz. Patient is breast fed, bottle fed. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, Behavior is cooperative, appropriate for age, quiet, mobility: carried. **Neuro:** Level of Consciousness is alert, awake. **Cardiovascular:** Capillary refill < 3 seconds is brisk in bilateral fingers. **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Airway is patent. **GI:** Denies diarrhea, vomiting. **Derm:** Rash noted that is red, raised, on face, back, buttocks, chest, abdomen, pelvis, right arm, left arm, right leg and left leg Parent/caregiver reports the patient having Rash since yesterday, "all over her body". **Musculoskeletal:** No deficits noted.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
09:27		177	24	100.3(R)	99% on R/A	7.71 kg / 17 lbs 0 oz	26 in. (66 cm)	0/10	sh1
09:44			32						cm13
10:46		142	32						smc

Vitals:

09:32 Acuity: 4 - Semi-Urgent. sh1

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
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Nurse's Notes Con't

09:27	spontaneous(4)	coos. babbles(5)	spontaneous(6)		15	sh1
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ED Course:

09:10 Patient arrived in ED.	ms2
09:10 Patient moved to KIOSK.	ms2
09:27 Springer, Margaret Ann, MD is Private Physician.	sh1
09:33 Triage completed.	sh1
09:41 Patient moved to Waiting.	sh1
09:42 McDaniel, Crystal, RN is Primary Nurse.	cm13
09:42 Patient moved to 8.	cm13
09:48 Patient/caregiver encouraged to voice any concerns. Bed in low position. Call light in reach. Patient has correct armband on for positive identification. Adult with patient. Child being held by parent. Door closed. Noise minimized.	cm13
10:16 Felty, John, MD is Attending Physician.	jff
10:39 Springer, Margaret Ann, MD is Referral Physician.	jff
10:46 No procedures done that require assistance.	smc

Administered Medications:

No medications were administered

Outcome:

10:39 Discharge ordered by MD.	jff
10:46 Discharged to home, carried, with family. Discharge instructions given to Mother Instructed on discharge instructions, follow up and referral plans, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given: 1, No questions or concerns expressed to me at discharge. Medication reconciliation form provided. Med Effects: Patient recieved no medications during this visit. Oxygen use: Oxygen use not applicable.	smc
10:47 Electronic medical record closed.	smc

Signatures:

Clinger, Steven, RN	RN	smc	Felty, John, MD	MD	jff
Hovingh, Sue, RN	RN	sh1	Scriptuser, MEDHOST		ms2
Matthews, Stephani, Scribe	Scribe	ssm1	McDaniel, Crystal, RN	RN	cm13

RUN DATE: 09/23/14
RUN TIME: 0934
RUN USER: ZIMMEC.AM

William Knighton Smith *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT


PAGE 1

Name: [REDACTED] YAH L DOB: 10/01/13 Age: 11M 22D
Rm/Bd: Serv/Loen: ERS Status: ER Sex: F
Unit#: K000629604 Account#: K30299689 EPI#: 000000001115206

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)


HENDERSON, [REDACTED] L
10/01/13 11M 22D
Felty, John J M.D.
K30299689 09/23/14

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record

Willis Knighton South and Center for Women's Health

Willis Knighton South

2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500

Discharge Instructions for: [REDACTED]

Arrival Date:

09/23/14 09:10

Care Complete Time:

09/23/14 10:39

Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Felty, John, MD

Diagnosis: Otitis Media; Rash

DISCHARGE INSTRUCTIONS	FORMS
Ear - Middle, Infection (Otitis Media), Child Fever, Child (with Dosage Charts) Rash, Generic	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: First of next week; Reason: Recheck today's complaints, Or sooner if you get worse	Zithromax
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Aaliyah Henderson
MRN # K000629604

ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

HENDERSON, AALIYAH L
10/01/13 11M 22D
Felty, John J M.D.
K30299689 09/23/14

FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)

P.O. BOX 33932

SHREVEPORT 71130

318-675-6082

When: First of next week

Reason: Recheck today's complaints. Or sooner if you get worse

PRESCRIPTIONS

Zithromax 100 mg/5 ml Oral Suspension for Reconstitution

Take 3 milligram by ORAL route one time for 1 day then take (5mg/kg/day) 1.5 milliliters by oral route days 2,3,4,5;
9 milliliter

TESTS AND PROCEDURES

Labs

None

Rad


None

Procedures

Pulse ox interpretation

Other

None


HENDERSON, L
10/01/13 11M 22D
Felty, John J M.D.
K30299689

09/23/14



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located at the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization hereinafter "Indebtedness". Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of Indebtedness due and payable during this hospitalization and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that these benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the Indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

Admission Date: 09/23/14

Admission Time: 0910

AM3349_1

Page 1 of 2



10/01/13 11M F
Fetty, John J M D.
K30299689 09/23/14



ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

Signature of Patient/Guardian _____ Date/Time _____ Printed Name _____
 Signature of Physician _____ Date/Time _____ Printed Name _____
 Signature of Witness _____ Date/Time _____ Printed Name _____

If Patient/Guardian is unable to sign, _____

to be signed by _____ to be signed by _____

with express authority and then in the presence of the following:

Signature of
Authorized Party

Authorized Party's
Relationship to the Patient

Date/Time

Witness

Date/Time

Admission Date: 09/23/14
 Admission Time: 0910
 AM3349 2
 Revised 10/01/2013
 Committee Approved 12/13/2013
 Page 2 of 2



AM3349



HENDERSON, IYAH L
 10/01/13 11M F
 Felty, John J M.D.
 K30299689 09/23/14

WILLIS-KNIGHTON MEDICAL CENTER
SHREVEPORT, LA
EMERGENCY ROOM REGISTRATION INFORMATION (3008)

NAME: [REDACTED] L

ACCT. NO: K29787082

GUARANTOR: 3011 KITTY LANE APT B
ADDRESS: SHREVEPORT, LA 71107

NEXT OF KIN: ALEXANDER, JENNIFER
ADDRESS: 3011 KITTY LANE APT B
SHREVEPORT, LA 71107

PHONE: (318)210-3821

PHONE: (318)210-3821 RELATION: M

GUAR EMPLOYER: CHILD
ADDRESS:

ARRIVED FROM: C
ATTENDING PHYS: Felty, John J M.D.
ADMIT/OTHER PHYS:
PRIM CARE PHYS: Springer, Margaret Ann M.D.

PHONE:

NAME	POLICY #	GROUP #	BENEFIT PLAN
PRIMARY INS: LA HLTHCARE CONN LA ME	1997286459512	[REDACTED] L	MEDICAID
SECONDARY INS:			
TERTIARY INS:			
FOURTH INS:			

ACCT NO: K29787082
ROOM:
STATUS: REG ER

DATE: 04/21/14
TIME: 1300
SERV/LOC: ERS

UNIT#: K000629604
F/C: MA
SS#:

PATIENT: [REDACTED] L

ADDRESS: 3011 KITTY LANE APT B
SHREVEPORT, LA 71107

PHONE: (318)210-3821

COUNTY: CADD0 PARISH

BIRTHDATE: 10/01/13
AGE: 06M
SEX: F
RACE: BLACK OR AFRICAN A
RELIGION: NO RELIGION
MARITAL STAT: SINGLE

EMPLOYER: JOHNSON'S CARE
ADDRESS: 4038 MARRON PLACE
SHREVEPORT, LA 71109
(318)631-7714

PERSON TO NOTIFY: ALEXANDER, JENNIFER
ADDRESS: 3011 KITTY LANE APT B
SHREVEPORT, LA 71107

PHONE: (318)210-3821 RELATION: M

COMMENTS:
REASON FOR VISIT: COLD SYMPTOMS
KNOWN DRUG ALLERGIES: NKDA

ADMIT CLERK: HARTJAM



K29787082

Physician Documentation

Willis Knighton South

Name: Aaliyah [REDACTED]

Age: 0 yrs Sex: Female DOB: 10/01/2013

Arrival Date: 04/21/2014 Time: 13:00

Bed 16-A

MRN: 1116206

Account#: K29787082

Private MD: Springer, Margaret, Ann

HPI:

04/21 16:10 This 6 months old Black Female presents to ED via Carried with complaints of Cold Symptoms. k1b2
16:10 The patient presents to the emergency department with rhinorrhea. eye drainage . k1b2
16:11 Onset: The symptoms/episode began/occurred gradually. Associated signs and symptoms: Pertinent k1b2
positives: nasal discharge, eye drainage . Pertinent negatives: constipation. cough, diarrhea, fever, seizure, shortness of breath, vomiting, wheezing. Modifying factors: The patient symptoms are alleviated by nothing, the patient symptoms are aggravated by nothing. Treatment prior to arrival: acetaminophen. The patient has not experienced similar symptoms in the past. It is unknown whether or not the patient has recently seen a physician.

Historical:

- **Allergies:** No known drug Allergies:

- **Home Meds:**

1. No Home Medications

- **PMHx:** nicu graduate

- **PSHx:** None

Historical:

15:54 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations dgg up to date.
16:11 The history from nurses notes was reviewed and confirmed. k1b2

ROS:

16:11 ROS as in the HPI, and all other systems were reviewed negative, or noncontributory, except as mentioned k1b2 below. **Neck:** Negative for injury, pain, and swelling, **Cardiovascular:** Negative for edema, **Respiratory:** Negative for shortness of breath, and cough, **Abdomen/GI:** Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, **Back:** Negative for injury and pain, **GU:** Negative for injury, bleeding, discharge, and swelling, **MS/Extremity** Negative for injury and deformity, **Skin:** Negative for injury, rash, and discoloration, **Neuro:** Negative for weakness and seizure. **Constitutional:** Negative for chills, coughing, crying, fever, fussiness, malaise, obvious distress, acute pain, poor PO intake, shortness of breath, vomiting, weight loss. **Eyes:** Positive for discharge, redness, Negative for injury or acute deformity, icterus, photophobia, sunken appearance, swelling, visual disturbance, vision loss. **ENT:** Positive for rhinorrhea, Negative for difficulty swallowing, hoarseness, nose bleed, pulling at ears, sinus congestion.

Exam:

16:11 k1b2

Head/Face: Normocephalic, atraumatic, fontanelle open, soft, and flat.

Neck: Trachea midline with no masses and no lymphadenopathy. No nuchal rigidity. No Meningismus.

Lymphatic No abnormal lymphadenopathy noted by palpation in the neck or axilla

Chest/axilla: Normal symmetrical motion. No tenderness. No crepitus. No axillary masses or tenderness.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.

Abdomen/GI: Soft, non-tender with normal bowel sounds. No distension, tympany or bruits. No guarding, rebound or rigidity. No palpable masses or evidence of tenderness with thorough palpation. No hernias noted. No hepatomegaly. No splenomegaly

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm and dry with excellent turgor. Capillary refill <2 seconds. No cyanosis, pallor, rash, or edema.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Normal muscle tone. No joint abnormalillites noted. Nails and digits normal

Physician Documentation Con't.

Neuro: Age appropriate reflexes and responses to physical exam. Good muscle tone.

Constitutional: The patient appears Blood pressure, pulse, respirations and temperature noted. awake, alert, well developed, well groomed, well nourished, pleasant. non-toxic, afebrile.

Eyes: Periorbital structures: appear normal, no abrasion, no cellulitis, no ecchymosis, no erythema, Pupils: equal, round, and reactive to light, Extraocular movements: intact throughout. Conjunctiva: injected, in the left eye, Lids and lashes: drainage. from both eyes.

ENT: TM's: are normal, no evidence of bulging, no dullness, no erythema, no fluid levels, Nose: External nose: no obvious acute abnormality, nasal drainage, that is moderate, and is seen coming from both nares, that is clear, that is watery, Posterior pharynx: is normal, airway is patent, no erythema, no exudate, no peritonsillar mass.

21:11

jjf

Head/face: Fontanelle: is flat and non-distended.

Neck: ROM/movement: is normal, no meningismus.

Respiratory: Respirations: normal, Breath sounds: are normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
13:21		127	24	99.0	100% on R/A	5.53 kg / 12 lbs 3 oz	0/10	dr4
16:25								dgg

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
13:21	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	dr4

MDM:

16:11

klb2

Data reviewed: vital signs, nurses notes, and as a result, I will Give prescription at discharge.

Data interpreted: Pulse oximetry: observed by me at the triage is 100 %.

16:22 Patient medically screened.

jjf

21:11 I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete. I personally performed the services described in this documentation as scribed in my presence, and it is both accurate and complete.

jjf

Order	Status	Time	By	For
Chest 2 View *routine*	Ordered	04/21/14 15:57	dgg	rb
	Returned	04/24/14 12:51	Dispatcher MedHost	
Notes: Bed Name: 16-A	Order Method: Verbal - Read back			
	Sign off: Felty, John 04/21/14 16:22			
Interpretation: No infiltrates, pneumothorax or wide mediastinum.				
ER EXAM ROOM/BED: (OERDERRMBD): 16-A				
MODE OF TRANSPORTATION : (OERDTRANS): STRETCHER				
O2: (OEADO2): No				
REASON FOR EXAM: (OERDEXAM): Cold Symptoms				
Order	Status	Time	By	For
Call X-Ray Tech	Ordered	04/21/14 15:57	dgg	rb
	Completed	04/21/14 16:02	Jacqueline Jennings	
Notes:	Order Method: Verbal - Read back			
	Sign off: Felty, John 04/21/14 16:22			

Name: Aaliyah

MRN: 1116206

Account#: K29787082

Print Time 10/1 2019 13:15:42

Page 2 of 3

Physician Documentation Con't.

Order Signatures:

Brandhurst, Roy, MD

MD rb

Gardner, Glyn. RN

RN dgg

Disposition:

16:11 This chart was scribed by Barlow, Kerri, Scribe. in the presence of John Felty MD.

klb2

21:11 Electronically signed by: John Felty MD. Electronically signed by: John Felty MD.

jjf

Disposition:

04/21/14 16:22 Discharged to Home/Self Care. Impression: Upper Respiratory Infection (URI), Bacterial Conjunctivitis.

- Condition is Stable.
- Discharge Instructions: Eye - Pink Eye (Bacterial Conjunctivitis), Upper Respiratory Infection (URI), Child.
- Prescriptions for
 - Gentamicin 0.3 % (3 mg/g) Ophthalmic Ointment
 - apply 1/2 inch ribbon by OPHTHALMIC route 2-3 times daily for 7 days; 3.5 gram.
- Follow up: Margaret Springer; When: 3 days; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Felty, John, MD

MD jjf

Jennings, Jacqueline

jc3

Gardner, Glyn, RN

RN dgg

Barlow, Kerri, Scribe

Scribe klb2

Nurse's Notes

Name: Aaliyah
Age: 0 yrs **Sex:** Female **DOB:** 10-01-2013
Arrival Date: 04/21/2014 **Time:** 13:00

Willis Knighton South

MRN: 1116206
Account#: K29787082
Private MD: Springer, Margaret, Ann

Bed 16-A

Presentation:

04/21 Preferred language for medical communication is English. Presenting complaint: Mother states: I think she has a cold. She has cold to her eyes and a runny nose. Person Transporting: Parent. Transition of care: patient was not received from another setting of care. dr4
 13:23 Acuity: 4 - Semi-Urgent. dr4
 13:25 Method of Arrival: Carried. dr4

Triage Assessment:

13:21 **General:** Appears in no apparent distress, well developed, well nourished, well groomed, Behavior is appropriate for age. **Pain:** Denies pain. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. dr4

Historical:

- **Allergies:** No known drug Allergies:
- **Home Meds:**
 1. No Home Medications
- **PMHx:** nicu graduate
- **PSHx:** None

Historical:

15:54 Family history: No immediate family members are acutely ill. Immunization history: Childhood immunizations up to date. dgg
 16:11 The history from nurses notes was reviewed and confirmed. klb2

Screening:

13:21 **Abuse screen:** Denies threats or abuse. dr4
Patient fall risk assessment: risks identified: is an infant.
Learning Barriers: No barriers to teaching and learning identified.
Pedi Fall Risk None Identified.

Assessment:

15:55 **Infant assessment:** Fontanels are flat, soft. **Pain:** level that is acceptable is 0 out of 10 on a pain scale. Faces, Legs, Activity, Cry, Consolability scale score is 0 out of 10. **General:** Appears in no apparent distress, well developed, well nourished, well groomed. Behavior is cooperative, appropriate for age, pleasant. **Neuro:** Level of Consciousness is alert, awake. **EENT:** Eyes are tearing on right eye and left eye Sclera/Cornea are reddened in right eye and left eye Parent/caregiver reports the patient having nasal discharge that is yellow. **Cardiovascular:** Capillary refill < 3 seconds is brisk in bilateral fingers. **Respiratory:** Respiratory effort is even, unlabored. Respiratory pattern is regular, symmetrical, Breath sounds are coarse in left lower lobe. **Derm:** Skin is healthy with good turgor, Skin is dry, Skin is normal, Skin temperature is warm. dgg

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
13:21		127	24	99.0	100% on R/A	5.53 kg / 12 lbs 3 oz	0/10	dr4
16:25								dgg

Vitals:

13:21 Acuity: 4 - Semi-Urgent. dr4

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
13:21	spontaneous(4)	coos, babbles(5)	spontaneous(6)		15	dr4

ED Course:

13:00 Patient arrived in ED. ms2

Nurse's Notes Con't

13:00 Patient moved to KIOSK. ms2
13:21 Patient placed in waiting room Patient notified of wait time. dr4
13:25 Springer, Margaret Ann, MD is Private Physician. dr4
13:25 Triage completed. dr4
13:25 Patient moved to Waiting. dr4
15:44 Gardner, Glyn, RN is Primary Nurse. dgg
15:44 Patient moved to 16-A. dgg
15:56 Patient/caregiver encouraged to voice any concerns. Side rails up X 1. Bed in low position. Instructed to call dgg
for assist when getting up, verbalized understanding. Patient has correct armband on for positive
identification. Adult with patient.
16:04 Felty, John, MD is Attending Physician. jjf
16:08 Patient moved to Radiology. hm2
16:08 Chest 2 View *routine* Sent. hm2
16:12 Patient moved to 16-A. hm2
16:21 Springer, Margaret Ann, MD is Referral Physician. jjf
16:25 No procedures done that require assistance. dgg

Administered Medications:

No medications were administered

Outcome:

16:22 Discharge ordered by MD. jjf
16:43 Discharged to home, carried. Discharge instructions given to patient, Instructed on discharge instructions, dgg
follow up and referral plans, medication usage, Demonstrated understanding of instructions, Prescriptions
given; 1, No questions or concerns expressed to me at discharge. No belongings were removed by WK
staff. **Medication reconcilliation form provided. Med Effects:** Patient recieved no medications during this
visit. **Oxygen use:** Oxygen use not applicable.
16:44 Electronic medical record closed. dgg

Signatures:

Felty, John, MD	MD	jjf	Gardner, Glyn, RN	RN	dgg
Scriptuser, MEDHOST		ms2	Roe, David, RN	RN	dr4
Barlow, Kerri, Scribe	Scribe	klb2	McCain, Haley, RT	RT	hm2

Patient Name: [REDACTED] L
Unit No: K000629604 SS#: 338-89-3614
Admitting Diagnosis:

EXAM# TYPE/EXAM RESULT
001004432 XR/CHEST 2 VIEW *ROUTINE*
MODE OF TRANSPORTATION : STR - STRETCHER
O2: N
REASON FOR EXAM: Cold Symptoms
Baby ID#: EMER

REASON FOR EXAM: Cold Symptoms

FRONTAL AND LATERAL VIEWS OF THE CHEST:

REASON FOR EXAM: COLD SYMPTOMS.

Dictated Time: 4:26 PM

INTERPRETIVE LOCATION: WKB

The cardiodynamic silhouette is normal. There is no focal consolidation or perihilar opacity. No pneumothorax or pleural effusion is seen. Trachea is in appropriate position. The osseous structures appear satisfactory.

IMPRESSION:
No acute intrathoracic abnormality.

** REPORT ELECTRONICALLY SIGNED 04/24/2014 (1249) **
Reported By: KOREY BURGIN, MD (ELEC.SIGN) WKS
Signed By: BURGIN, KOREY P
04/24/2014 1249

CC: Springer, Margaret Ann M.D.

Transcribed Date/Time: 04/21/2014 (2035)
Transcriptionist: GRIMEC.RD
Printed Date/Time: 10/03/2019 (1039)
Tech: JAIME SEPULVADO RIVERS,

PAGE 1 Signed Report Printed From PCI

WILLIS-KNIGHTON SOUTH
2510 BERT KOUNS INDUSTRIAL LOOP
SHREVEPORT, LOUISIANA 71118
A NOT FOR PROFIT HOSPITAL
SERVING THE ARK-LA-TEX SINCE 1925

Name: [REDACTED] L
Phys: Brandhurst, Roy E M.D.
DOB: 10/01/2013 Age: 4Y 4M Sex: F
Acct No: K29787082 Loc: UNK
Exam Date: 04/21/2014 Status: UNK
Radiology No:

RUN DATE: 04/21/14
RUN TIME: 1331
RUN USER: HARTJ.AM

Willis Knighton South *ADMISSIONS
INTERDISCIPLINARY ALLERGY SOURCE DOCUMENT

PAGE 1

Name: [REDACTED] L	DOB: 10/01/13	Age: 06M 20D
Rm/Bd:	Serv/Locn: ERS	Status: ER
Unit#: K000629604	Account#: K29787082	Sex: F
	EPI#: 000000001116206	

Last Update/
Acknowledgement:

Interdisciplinary Assessment (Free Text), historical data:

Pharmacy Allergy List (Coded Allergies), historical data:
(Duplicate names represent coding within (3) categories:
Ingredient, Generic and Class allergy codes.)

Interdisciplinary Allergy Source Document is a Permanent Part of
the Patient's Medical Record



[REDACTED] L
10/01/13 06M 20D
Felty, John J M.D.
K29787082 04/21/14

Willis Knighton South and Center for Women's Health

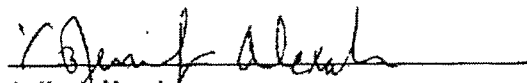
Willis Knighton South2510 Bert Kouns Industrial Loop
Shreveport, LA 71118
318-212-5500**Discharge Instructions for:** [REDACTED] L**Arrival Date:** 04/21/14 13:00**Care Complete Time:** 04/21/14 16:22

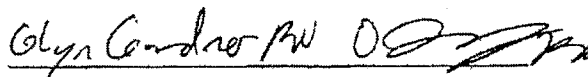
Thank you for choosing **Willis Knighton South** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Felty, John, MD**Diagnosis:** Upper Respiratory Infection (URI); Bacterial Conjunctivitis

DISCHARGE INSTRUCTIONS	FORMS
Eye - Pink Eye (Bacterial Conjunctivitis) Upper Respiratory Infection (URI), Child	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Springer, Margaret Ann (Pediatrics) When: 3 days; Reason: Recheck today's complaints	Gentamicin
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


Aaliyah Henderson
MRN # K000629604


ED Physician or Nurse


X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy


HENDERSON, AALIYAH L
10/01/13 06M 20D
Felty, John J M.D.
K29787082 04/21/14

FOLLOW UP INSTRUCTIONS

Springer, Margaret Ann, MD (Pediatrics)
P.O. BOX 33932
SHREVEPORT 71130
318-675-6082
When: 3 days
Reason: Recheck today's complaints

PRESCRIPTIONS

Gentamicin 0.3 % (3 mg/g) Ophthalmic Ointment
Apply 1/2 inch ribbon by OPTHALMIC route 2-3 times daily for 7 days; 3.5 gram

TESTS AND PROCEDURES

Labs
None

Rad
Chest 2 View *routine*

Procedures
None

Other
Call X-Ray Tech



10/01/13 06M 20D L
Felty, John J M.D.
K29787082 04/21/14



ASSIGNMENT OF BENEFITS

1. Hospital Care Consent: I/we consent to hospital services, treatment and diagnostic procedures by the hospital as may be deemed necessary or advisable by my physician and/or consultants selected by my physician. The consent to hospital care includes permission for x-ray examinations, laboratory procedures, I.V. treatments, hepatitis test administration of blood and blood products, injections, medications, recording, filming or video monitoring for internal purposes only, and hospital services rendered the patient under the general and special instruction of doctors. The patient acknowledges responsibility for any or all of these procedures. It is the hospital policy that the patient has the opportunity to discuss surgery and procedures with the patient's doctor before hand. The patient has the right to consent to surgery and procedures. Except in emergencies or unusual circumstances, the hospital does not allow its facilities to be used without this discussion and patient's consent. I voluntarily give my consent to hospital care and accept the condition of hospitalization listed.

2. Authorizations for Release of Information: The employees and agents of this hospital and copy services and electronic claims processing services under contract with this hospital and any third party billing agents for this hospital or any of its staff physicians involved with patient care are given permission to release any and all information relating to the patient, including but not limited to the medical record of the patient's hospitalization, to another healthcare provider if the patient was transferred to that facility from this hospital and to any and all insurance companies or other third-party paying or obligated to pay, in whole or in part, the charges incurred by the patient in this hospital; and they are also given permission to release the above described information to any agent or firm working for or with the above described insurance companies or other third-party payors for the purpose of performing pre-certification, concurrent and/or retrospective review and/or other utilization review of any kind.

3. Valuables: I understand and acknowledge that the hospital assumes no responsibility for personal possessions including cash, jewelry, bridgework, eyeglasses or any other personal possession which I choose to keep in my room. I have been advised that such valuables should be placed in the care of my family or deposited in the hospital vault located in the Business Office.

4. Safety Code for Hospital: Safety Codes for hospitals issued by the National Fire Protection Association prevent the use in the hospital of any electrical equipment or accessories until they have been safety checked by the hospital's electrical engineer. Exceptions to this rule are hair and blow dryers, curling irons, hot rollers, radios, clocks, electric razors, shavers, contact lens sterilizers, electric toothbrushes and calculators.

5. Payment Guaranty and Assignment of Insurance Benefits: I, the undersigned patient, guardian, and/or guarantor (hereinafter "Debtor") hereby promise to pay in full Willis-Knighton Health System (WKHS) customary charges for the goods and services rendered to the patient identified on the reverse side hereof during this period of hospitalization (hereinafter "Indebtedness"). Debtor acknowledges and agrees that, unless waived in full by WKHS as set forth below, the Indebtedness accruing during this hospitalization is due and payable in such amounts and at such times during this hospitalization as WKHS may, in its sole discretion, determine, that the entire Indebtedness is due and payable in full at discharge. I acknowledge that, upon proof of acceptable insurance coverage, WKHS, in its sole discretion, may reduce the amount of indebtedness due and payable during this hospitalizations and the balance due at discharge. In such event, I understand that all deductibles, co-insurance, non-covered charges and other items not paid by insurance or other third-party payors shall be due and payable during this period of hospitalization and upon discharge as set forth hereinabove. I acknowledge and agree that in the event that WKHS, in its sole discretion, accepts proof of insurance coverage, claims for payment for benefits will be filed on behalf of the Debtor and/or the insured and that those benefits will be considered by WKHS in determining the amounts due as set forth hereinabove. I understand and agree that WKHS will accept payments from third-party payors and insurers on behalf of the Debtor and apply such payment to the indebtedness to the extent that they are received. I acknowledge and agree that the filing of such insurance and other third-party claims is performed as a service by WKHS and in no way relieves me of the obligation to pay the Indebtedness as agreed herein above.

Patient hereby appoints WKMC as Patient's authorized representative to file any necessary claim appeal(s) on Patient's behalf. In consideration for this appointment, WKMC agrees only to collect only applicable copayments, deductibles, and coinsurance for covered benefits from the Patient and waives any right to collect any other payments related to those covered benefits from the Patient.

Debtor hereby absolutely assigns to WKHS all insurance benefits on all policies of insurance under which Debtor is an insured, whether hospital, medical, liability or other insurance, and also hereby absolutely assigns to WKHS the proceeds of any judgment or settlement of any claim against any third party and any and all other amounts which may be determined in any manner to be payable to Debtor in connection with any injury suffered by the patient which gives rise to the Indebtedness incurred during this period of treatment. I hereby authorize WKHS to obtain any and all information related to such injuries, including, but not limited to, accident reports and agree to cooperate with WKHS in connection with the procurement of any information or documents WKHS deems in its sole discretion, necessary or appropriate in connection with the assignment made pursuant to this paragraph. I hereby authorize and direct that all such payments and proceeds shall be made directly to WKHS under the terms of this assignment. Any receipts from WKHS shall be applied towards Indebtedness but such application shall not relieve the Debtor from the Debtor's obligation to pay any remaining portion to the Indebtedness. Debtor acknowledges and agrees that, to the extent that the Indebtedness has not been satisfied by such receipts, that portion of the Indebtedness for which payment has been deferred pursuant to the preceding paragraph shall be due and payable in full on the thirtieth day following the date of service. In the event that WKHS receives proceeds and/or payments in excess of the Indebtedness, WKHS may apply such excess payment to any outstanding Indebtedness of Debtor to WKHS arising out of any other period(s) of treatment as well as any attorneys' fees and expenses for which Debtor may be liable hereunder. In the event that all Indebtedness has been paid

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ASSIGNMENT OF BENEFITS

in full, then WKHS will refund the Debtor any such excess payment. Notwithstanding anything herein to the contrary, the assignments made hereby shall remain in full force and effect until the entire Indebtedness and any and all attorneys' fees and expenses for which Debtor may be liable have been paid in full. In the event that the Indebtedness is not paid when and as due as determined by WKHS hereunder, and the Indebtedness is placed in the hands of an attorney for purposes of collection, Debtor agrees to pay reasonable attorneys' fees, which are hereby acknowledged to be one-third (1/3) of the amount of the Indebtedness at the time the matter is placed in the hands of an attorney, plus any and all court costs and other expenses incurred in connection with the collection of the Indebtedness.

Financial assistance is available to all patients who meet the requirements of our charity care policy. Patients are encouraged to contact the Business Office if they have any concerns or need assistance in paying their bills. Our charity care policy is limited to hospital charges and does not include physician, anesthesiologist or professional charges that are not billed by the hospital. In addition, financial assistance is not offered for cosmetic, elective, experimental or other treatments and all hospital services must be ordered by your physician.

6. Assignment to Physicians: I understand that my physician as well as other physicians who treat me or otherwise involved in my care while a patient at the hospital are not employees or agents of the hospital and the hospital is not responsible for their actions. I further understand that my physician or other physicians will send me a separate bill for their services, in addition to the hospital bill. I hereby assign to all physicians who treat me the benefits due to me for these services covering medical and/or surgical expenses. I agree that should be the amount be insufficient to cover the entire medical/surgical expense, I will be responsible to said physicians for payment of the entire bill.

7. Medicare Consent: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act (SSA) is correct. I authorize Willis-Knighton Health System (WKHS) to provide (SSA) or its intermediaries with access to my medical/hospital record for the purpose of processing the Medicare claim for this or a related Medicare claim. I further request that WKHS provide such copies thereof as may be requested. Copies may be made by WKHS or its agents or contractors providing copy service and electronic claims processing services and said third party billing agents for hospital and staff physicians involved with patient care.

8. Champus/Medicare Notice: Champus/Medicare will not pay for private rooms unless medical justified, personal convenience items, diagnostic admissions or test or hospital stays not medically necessary. My signature below acknowledges my receipt of this information regarding Champus/Medicare from the hospital on the date indicated.

9. Willis-Knighton Health System (and our Medical Staff) will use and disclose your personal health information to treat you, to receive payment for the care we provide and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our facilities, on our website and have copies available for distribution. I acknowledge that I have received a copy of the Notice of Privacy Practices.

This form has been fully explained to me. My signature reflects my understanding of the information contained herein. I further understand and acknowledge that all references to myself as the patient shall be deemed to apply as if rewritten in their entirety to a dependent for whom I am responsible for and/or who is unable to consent on their behalf for reasons indicated below.

I acknowledge that I have been informed of my rights and obligations as a patient.

	4-21-14				4/21/14
Signature of Patient/Guardian	Date/Time	Guarantor	Date/Time	Witness	Date/Time
					01332
Print Name		Print Name		Print Name	

If Patient/Guarantor is unable to sign, I, _____, do hereby state that I have been given the authority to sign for

_____, either expressed or implied and that he or she is fully aware of this authority.

_____ Signature of Authorized Party	_____ Authorized Party's Relationship to the Patient	_____ Date/Time	_____ Witness	_____ Date/Time
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Admission Date: 04/21/14
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